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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000069883 (5)**

1. Corporation Name
TRIANET CORPORATION

Principal Place of Business	Mailing Address
3200 N.W. 110TH ST. MIAMI FL 33167 US	3200 N.W. 110TH ST. MIAMI FL 33167-3718 US

3. Date Incorporated or Qualified: 10/07/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 6187 NW.167th. Street
Suite, Apt. #, etc.
22 Unit #H-39
City & State
23 Miami,Florida
Zip 24 33015 Country 25 U.S.A.

2a. Mailing Address
26 6187 NW. 167th. Street
Suite, Apt. #, etc.
27 Unit # H39
City & State
28 Miami,Florida
Zip 29 33015 Country 30 U.S.A.

4. FEI Number: 65-0450523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DANIEL SALAMA
2441 N.W. 93RD AVENUE, STE.106
STE 108
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3802 NE. 207 Street #1702
83
84 City Aventura Florida FL 85 Zip Code 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	VP/Treasurer	☐ Change ☒ Addition
NAME	SALAMA, SAMUEL		1.2 NAME	Daniel Salama	
STREET ADDRESS	3802 N E 207ST, UNIT 1702		1.3 STREET ADDRESS	3802 N.E. 207 St. # 1702	
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP	Aventura, Florida 33180	
TITLE		☐ DELETE	2.1 TITLE	VP/Secretary	☐ Change ☒ Addition
NAME			2.2 NAME	Samuel Bentolila	
STREET ADDRESS			2.3 STREET ADDRESS	6187 NW. 157th. Street, Unit H-39	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami, Florida 33015	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 04-29-97 (305) 624-4635