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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000071392 (3)

1. Corporation Name

TRIANGLE CREATION, INC.



Principal Place of Business

Mailing Address

~~2380 PALM AVENUE~~  
~~MIAMI FL 33010~~

~~2380 PALM AVENUE~~  
~~MIAMI FL 33010~~

2. Principal Place of Business

2a. Mailing Address

21 9820 NW 77 Ave

26 9820 NW 77 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Hialeah FL

28 Hialeah FL

Zip

Country

Zip

Country

24 33016

25 USA

29 33016

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERDOMO, ALICE  
2380 PALM AVENUE  
MIAMI FL 33010

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9820 NW 77 St

83

84

City Hialeah

FL

85 Zip Code 33016

11. Pursuant to the provisions of Sections 607.05(2) and 607.1506, 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

Signature typed or printed name of registered agent and the corporation (Note: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PERDOMO, ALICE  
STREET ADDRESS 2380 PALM AVENUE  
CITY-ST-ZIP MIAMI FL 33010

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME PERDOMO, ALICE  
1.3 STREET ADDRESS 9820 NW 77 Ave  
1.4 CITY-ST-ZIP Hialeah FL 33016

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Alice Perdomo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALICE PERDOMO PRESIDENT 5/30/96 (305) 820-9820

Date

Daytime Phone

CR2E034 (12/95)