

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000074696 (4)

1. Corporation Name

TRIGON INTERNATIONAL CORPORATION

Principal Place of Business

4014 CHASE AVENUE  
SUITE 212  
MIAMI BEACH FL 33140

Mailing Address

4014 CHASE AVENUE  
SUITE 212  
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1993

4. FEI Number

65-0447756

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIJOS, JOSE LUIZ G  
4014 CHASE AVENUE  
SUITE 212  
MIAMI BEACH FL 33140

81 Name

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

83

84 City

FL

85 Zip Code

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 a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in block 12 or 13, as applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE  
NAME RODRIGUES, JOAQUIM J GAMA  
STREET ADDRESS RUA DIOGO JACOME, 583  
CITY-ST-ZIP SAO PAULO CE

TITLE DVP ☐ DELETE  
NAME ANDRADE, REINALDO A  
STREET ADDRESS RUA DIOGO JACOME, 583  
CITY-ST-ZIP SAO PAULO CE

TITLE DT ☐ DELETE  
NAME BOAVENTURA, JOAO M GAMA  
STREET ADDRESS RUA DIOGO JACOME, 583  
CITY-ST-ZIP SAO PAULO CE

TITLE DS ☐ DELETE  
NAME WARWICK, MARCONDES F  
STREET ADDRESS RUA DIOGO JACOME, 583  
CITY-ST-ZIP SAO PAULO CE

TITLE DP ☐ DELETE  
NAME BIJOS, JOSE LUIZ G  
STREET ADDRESS 5401 COLLINS AVENUE, APT 820  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

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

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0200079

305-6735434

CR2E034 (10/97)