

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087582 (1)

1. Corporation Name:

TROMPEX CORPORATION

Principal Place of Business

12230 SW 104 TERRACE
MIAMI FL 33186

Mailing Address

12230 SW 104 TERRACE
MIAMI FL 33186

NEW ADDRESS
↓

NEW ADDRESS
↓

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

Applied For
Not Applicable

2. Principal Place of Business

21 12914 SW 133 CT

2a. Mailing Address

26 P.O. Box 8814

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE C

27

City & State

City & State

23 MIAMI FL

28 CORAL GABLES, FL

Zip

Zip

24 33186

25

29 33124

30

4. FEI Number

65-0457092

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL, CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

TIMI OKOINYAN

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

12914 SW 133RD CT, SUITE C

83

84 City

MIAMI

FL

85 Zip Code

33186

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rechartering.)

DATE

4/12/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	OKOINYAN, TIMI	12230 SW 104 TERRACE	MIAMI FL 33186
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
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
☐ Change ☐ Addition		12914 SW 133rd Ct Suite C	Miami, FL 33186
2. TITLE	2. NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
☐ Change ☐ Addition			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
☐ Change ☐ Addition			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
☐ Change ☐ Addition			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
☐ Change ☐ Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
☐ Change ☐ Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 110.07(3)(b), 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

FILE

FILED

4/12/95 305-234-5398