

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

APPROVED AND FILED

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Novotny
Secretary of State
1901 BANK OF AMERICA PLAZA
TALLAHASSEE, FLORIDA 32399-0001

30 MAY -1 AM 4:32

DOCUMENT # P94000014032 (4)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRIAM ENTERPRISES, INC.

Principal Office of Corporation: **8208 N.W. 8TH ST. MIAMI FL 33126**
Mailing Address: **8208 N.W. 8TH ST MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation: 21		2a. Mailing Address:		3. Date of Incorporation (if amended): 02/21/1994		3a. Date of Last Report:	
22. State Agent #:		26. Mailing Agency:		4. FEI Number: 65-0512891		Applied For: <input type="checkbox"/> Not Applicable	
23. City & State:		27. State Agent #:		5. Certificate of State Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
24. City:		28. City & State:		6. Election Campaign Financing: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25. County:		29. City:		7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
30. County:		31. City:					

9. Name and Address of Current Registered Agent: FILINGS INC 3732 N.W. 16TH ST. FT. LAUDERDAEL FL 33311				10. Name and Address of New Registered Agent: 81. Name: RICHARD C. PEÑA 82. Street Address (P.O. Box Numbers Not Acceptable): 2240 Palm Beach Lakes Blvd, Ste 250 83. City: W Palm Beach, FL 33409 84. City: WEST PALM BEACH 85. Zip Code: FL 33417			
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11. Pursuant to the provisions of Sections 607.0542 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 to have zero, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Richard C. Peña* **RICHARD C. PEÑA, Esq.** 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1)	
1. NAME: D MILLER-CALAFELL, AISHA	1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. STREET ADDRESS: 8208 N.W. 8TH ST. MIAMI FL 33126	1. CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	2. NAME:	2. STREET ADDRESS:	2. CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME:	3. NAME:	3. STREET ADDRESS:	3. CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME:	4. NAME:	4. STREET ADDRESS:	4. CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME:	5. NAME:	5. STREET ADDRESS:	5. CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	6. NAME:	6. STREET ADDRESS:	6. CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME:	7. NAME:	7. STREET ADDRESS:	7. CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME:	8. NAME:	8. STREET ADDRESS:	8. CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am fully qualified for the position stated in Section 199.032, Florida Statutes. I further certify that the information is true for this annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a shareholder of the corporation or the holder or holder empowered to execute the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aisha Miller-Calafell* **AISHA MILLER-CALAFELL, Director** 4/11/95 305-266-9999