

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000014032 (4)**

1. Corporation Name  
**TRIAM ENTERPRISES, INC.**



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

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. City & State  
27. City & State  
28. Zip  
29. Country  
30. Country

3. Date Incorporated or Qualified: **02/21/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEIN Number: **65-0512891**  
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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**PENA, RICHARD C  
2240 PALM BEACH LAKES BLVD  
SUITE 250  
WEST PALM BEACH FL 33417**

81. Name  
82. Street Address (P.O. Box Number, Not Acceptable): **2300 PALM BEACH LAKES BLVD.**  
83. **SUITE 203**  
84. City: **WEST PALM BEACH** FL 85. Zip Code: **33409**

11. Pursuant to the provisions of Sections 607.0807 and 607.1806, 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 607.0809, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER-CALAFELL, AISHA</b>	
STREET ADDRESS	<b>8208 N.W. 8TH ST.</b>	
CITY, ST, ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>VICE-PRES. LESLIE D. ELLZEY</b>
3. STREET ADDRESS	<b>8208 NW 8TH ST</b>
4. CITY, ST, ZIP	<b>MIAMI, FL 33126</b>
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>PRESIDENT AISHA MILLER</b>
7. STREET ADDRESS	<b>8208 NW 8TH ST</b>
8. CITY, ST, ZIP	<b>MIAMI, FL 33126</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied is true, correct, voluntarily furnished, and does not qualify for the exemption state in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicates I am the agent, reporter or supplemental annual report preparer, 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: **AISHA MILLER-CALAFELL**  
PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**4/15/96 305.266-9799**

CR2E034 (12/95)