

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90024 019 \*\*\*150.00

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DOCUMENT # P94000014032

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1994
4. FEI Number 65-0512891
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. No

2. Principal Place of Business
2a. Mailing Address
22 Suite, Apt. #, etc.
23 City & State
24 Zip Country 25 29 30

9. Name and Address of Current Registered Agent
PENA, RICHARD C
2300 PALM BCH LAKES BLVD SUITE 203
W PALM BCH FL 33409

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1655 PALM BEACH LAKES BLVD
83 SUITE 1012
84 City WEST PALM BEACH FL 85 Zip Code 33401

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 reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes rows for PD ELLZEY, A and VP ELLZEY, LESLIE D.

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/6/99 DAYTIME PHONE: 305-266-1911

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