FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR -3 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021402 (0)**

1. Corporation Name
TRAILER CLINIC INDUSTRIES CORP.

Principal Place of Business	Mailing Address
~~P.O. BOX 2921~~ ~~BOCA RATON FL 33427-2921~~ 2625 Collins Ave. Suite 807 Miami Beach, Fl 33140	~~P.O. BOX 2921~~ ~~BOCA RATON FL 33427-2921~~ 2625 Collins Ave. #807 Miami Beach, Fl 33140 (305) 673-6916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:

4. FEI Number: 65-0516457 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:
City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD., SUITE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

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, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name/address) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	~~JIRAU, ROBERT~~	12 NAME	Glenn Morris
STREET ADDRESS	~~P.O. BOX 2921~~	13 STREET ADDRESS	2625 Collins Avenue #807
CITY-ST-ZIP	~~BOCA RATON FL 33427-2921~~	14 CITY-ST-ZIP	Miami Beach, Fl 33140
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	~~JIRAU, HECTOR~~	22 NAME	
STREET ADDRESS	~~P.O. BOX 2921~~	23 STREET ADDRESS	
CITY ST ZIP	~~BOCA RATON FL 33427-2921~~	24 CITY ST ZIP	
TITLE	D Victor Raul ORTEGON	31 TITLE	☐ Change ☐ Addition
NAME	~~ORTEGON, RAUL~~ ← OK	32 NAME	
STREET ADDRESS	~~P.O. BOX 2921~~ 2625 COLLINS AV #807	33 STREET ADDRESS	
CITY ST ZIP	~~BOCA RATON FL 33427-2921~~ Miami Beach 33140	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	500001448675
STREET ADDRESS		43 STREET ADDRESS	-04/06/95--01012--014
CITY ST ZIP		44 CITY ST ZIP	****200.00 ~~****200.00~~
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	RC

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and done 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 supplemented 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: Victor Raul Ortegon III/22/95 (305)6736916
SIGNATURE AND TYPED OR PRINTED NAME OF BONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436747 FP