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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:44

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000023505 (8)

1. Corporation Name
TRICONY FLORIDA CORP.

Principal Place of Business
2 NORTH BREAKERS ROW
Apt. N-41
PALM BEACH FL 33480

Mailing Address
2 NORTH BREAKERS ROW
Apt. N-41
PALM BEACH FL 33480

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report:

2. Principal Place of Business (21)	2 North Breakers Row
Suite, Apt. #, etc. (22)	Apt. N-41
City & State (23)	Palm Beach, FL
Zip (24)	33480
Country (25)	Palm Beach
2a. Mailing Address (26)	same
Suite, Apt. #, etc. (27)	same
City & State (28)	same
Zip (29)	same
Country (30)	same

4. FEI Number: 65-0477625 ☐ 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

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
~~170 N.W. FIRST AVE.~~ 201 South Biscayne Blvd.
~~SUITE 2000~~ Suite 3000
~~MIAMI FL 33128-3505~~ Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne Boulevard
83 Suite 3000
84 City: Miami FL 85 Zip Code: 33131

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

12. OFFICERS AND DIRECTORS

TITLE	Pres. & Assistant Secretary
NAME	Rick O. Torres
STREET ADDRESS	578 Millwood Road
CITY-ST-ZIP	Mt. Kisco, NY 10549
TITLE	V-P & Treasurer
NAME	Edward Torres
STREET ADDRESS	2 North Breakers Row, Apt. N-41
CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	Secretary
NAME	Marylu Kauder
STREET ADDRESS	47 Lake Creek Drive
CITY-ST-ZIP	Blaine County, Idaho 83340
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Edward Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOCUMENTED BY CIRCUMSTANCES

0276023 CP