FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000023505 (8)**

1. Corporation Name

TRICONY FLORIDA CORP.

Principal Place of Business

2 NORTH BREAKERS ROW
APT N-41
PALM BEACH FL 33480
US

Mailing Address

2 NORTH BREAKERS ROW
APT. N-41
PALM BEACH FL 33480
US

2. Principal Place of Business
21 313½ Worth Ave.
Suite, Apt. #, etc.
22 Bldg. B-1
City & State
23 Palm Beach, FL
Zip / Country
24 33480 25

2a. Mailing Address
26 313½ Worth Ave.
Suite, Apt. #, etc.
27 Bldg. B
City & State
28 Palm Beach, FL
Zip / Country
29 33480 30

3. Date Incorporated or Qualified: 03/28/1994

3a. Date of Last Report: 05/01/1995

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.
201 SOUTH BISCAYNE BOULEVARD
SUITE 300
MIAMI FL 33131

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PAS	☐ DELETE
NAME	TORRES, RICK O	
STREET ADDRESS	578 MILLWOOD ROAD	
CITY-ST-ZIP	MT KISCO NY	
TITLE	VPT	☐ DELETE
NAME	TORRES, EDWARD	
STREET ADDRESS	2 NORTH BREAKERS ROW, APT. N-41	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	S	☐ DELETE
NAME	KAUDER, MARYLU	
STREET ADDRESS	47 LAKE CREEEK DRIVE	
CITY-ST-ZIP	BLAINE COUNTY IO	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		

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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: Rick Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rick O. Torres

Date: 2/28/96
Daytime Phone #: (407) 832-7088