

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Whitman  
Secretary of State  
1995-1999  
1900 Capitol Mall, Tallahassee, FL 32304

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 AM 11:27

DOCUMENT # **P94000038934 (3)**

1. Corporation Name  
**TRIB INVESTMENTS, INC.**

Principal Office Address: **434 S.W. 64TH AVE. 6TH FLOOR MIAMI FL 33144**  
 Mailing Address: **434 S.W. 64TH AVE. 6TH FLOOR MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

2. Director Name (Last, First, Middle)		2a. Mailing Address		3. Date Prepared or Due		3a. Date of Last Report	
21		26		05/18/1994			
22. Director Age (at Date)		27. State Age (at Date)		4. Filing Number		Appoint For	
23		28		65-049-7828		Not Applicable	
24. City & State		29. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		<input type="checkbox"/>			
26. Country		31. Country		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
27		32		Trust Fund Contributions		<input type="checkbox"/>	
28		33		8. This corporation has liability for intangible tax under S. 199.000 Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State			
				FL 85. Zip Code			

11. Pursuant to the provisions of Sections 192, 193, and 194 of the 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 193 of the Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAM	D BAER, JAMES T 434 S.W. 64TH AVE., 6TH FLOOR MIAMI FL 33144	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM	D BAER, RICHARD A 434 S.W. 64TH AVE., 6TH FLOOR MIAMI FL 33144	4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM	D BAER, ROBERT A 434 S.W. 64TH AVE., 6TH FLOOR MIAMI FL 33144	7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MEY

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the filing date stated on this form. I understand Florida's statutes relating to the consequences indicated on this filing report. I am not making any supplemental or amended report or filing and I understand that the corporation shall bear the same legal effect as if the corporation were a general partner in the partnership of the undersigned and the corporation reported for assets on this report as required by Florida Statutes, and that my name appears on the public record of the corporation as a general partner with an address.

SIGNATURE: *James T Baer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95 888-3344