FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 10:51

DOCUMENT # P94000039697 (5)

1. Corporate Name

TRINITY COMMUNICATIONS, INC.

Principal Place of Business

400 NW 214 ST
STE 205
MIAMI FL 33169

Mailing Address

400 NW 214 ST
STE 205
MIAMI FL 33169

3. Date of Incorporation or Qualification: 05/20/1994

3a. Date First Report: N/A

2. Principal Place of Business
21 8700 SHERMAN CIRCLE N
Suite, Apt. #, etc.
22 APT 203
City & State
23 MIRAMAR FL
Zip 24 33025 Country 25 U.S.A.

2a. Mailing Address
26 8700 SHERMAN CIRCLE N.
Suite, Apt. #, etc.
27 APT 203
City & State
28 MIRAMAR FL
Zip 29 33025 Country 30 U.S.A.

4. FEI Number: 65-0493858 Applied For ☐ Not Applicable ☐

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

6. Election Campaign Treasurer's 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

PAUL-MARTINEZ, MICHELLE
400 NW 214 ST
STE 205
MIAMI FL 33169

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 Michelle Paul-Martinez MICHELLE PAUL-MARTINEZ PRESIDENT 2-14-95
(If changing registered agent, registered agent must sign) (NOTE: New Agent's signature required when marked ☐) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PAUL-MARTINEZ, MICHELLE	12 NAME	
STREET ADDRESS	8700 SHERMAN CIR N #203	13 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MENENDEZ, BARBARA F	22 NAME	
STREET ADDRESS	325 ALHAMBRA CIR	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MYERS, KEVIN	32 NAME	
STREET ADDRESS	1562 NE 125 ST	33 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ALEXANDRA	42 NAME	
STREET ADDRESS	1375 NE 141 ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ELLIS, RUTH	52 NAME	
STREET ADDRESS	111 NW FIRST ST #1210	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33128	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PIERCE, DAWN	62 NAME	
STREET ADDRESS	3625 NW 82ND AVE #204	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	64 CITY-ST-ZIP	

14. I declare to certify that the information supplied with this filing is voluntarily furnished and 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 added to the report with an address.

SIGNATURE: Michelle Paul-Martinez MICHELLE PAUL-MARTINEZ PRESIDENT 2/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date

Phone: (305) 430 1213

0105277 CP