

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000053553 (1)**

1. Corporation Name

TRINI EXPRESS, INC.



Principal Place of Business

Mailing Address

**2332 WABASSO DR
WEST PALM BEACH FL 33409
US**

**2332 WABASSO DR.
WEST PALM BEACH FL 33409
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

TRICIA A.M. RAMLAKMAN
Wrong **2332 WABASSO DR.**
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name **TRICIA A.M. RAMLAKHAN**
82 Street Address (P.O. Box Number is Not Acceptable)
2332 WABASSO DRIVE
83 **West Palm Beach**
84 City
85 Zip Code
FL 33409

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

Tricia A.M. Ramlakhman Secretary

July 22/96

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **RAMLAKHAN, ROODKUMAR** - spelling wrong
STREET ADDRESS **2332 WABASSO DR.**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **S** ☐ DELETE
NAME **RAMLAKHAN, TRICIA A.M.**
STREET ADDRESS **2332 WABASSO DR.**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE **P** ☐ Change ☐ Addition
12 NAME **RAMLAKHAN, ROODKUMAR**
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tricia A.M. Ramlakhman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRICIA A.M. RAMLAKHAN - SECRETARY

July 22/96

471-7701

Daytime Phone #

CR2E034 (3/96)