


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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 2332 WABASSO DR WEST PALM BEACH FL 33409 US			Mailing Address 2332 WABASSO DR. WEST PALM BEACH FL 33409-6167 US		
2. Principal Place of Business 21 1305 White Pine Dr. Suite, Apt. #, etc. 22 WELLINGTON, FLORIDA City & State 23 Zip Country 24 33414 25 U.S.A.		2a. Mailing Address 26 1305 White Pine Dr. Suite, Apt. #, etc. 27 City & State 28 Wellington, Florida Zip Country 29 33414 30 U.S.A.		3. Date Incorporated or Qualified 07/20/1994 3a. Date of Last Report 07/26/1996	
4. FEI Number 65-0505858		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent TRICIA A.M. RAMLAKHAN 2332 WABASSO DRIVE 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) 1305 White Pine Dr. 83 84 City Wellington FL 85 Zip Code 33414		
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 <i>Tricia A.M. Ramalakhan</i> TRICIA A.M. RAMLAKHAN SECRETARY APRIL 21/97 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P NAME RAMLAKHAN, ROOPKUMAR STREET ADDRESS 2332 WABASSO DR. CITY-ST-ZIP WEST PALM BEACH FL <input type="checkbox"/> DELETE			1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME RAMLAKHAN, ROOPKUMAR 1.3 STREET ADDRESS 1305 WHITE PINE DR. 1.4 CITY-ST-ZIP WELLINGTON, FL. 33414		
TITLE S NAME RAMLAKHAN, TRICIA A.M. STREET ADDRESS 2332 WABASSO DR. CITY-ST-ZIP WEST PALM BEACH FL <input type="checkbox"/> DELETE			2.1 TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME RAMLAKHAN, TRICIA A.M. 2.3 STREET ADDRESS 1305 WHITE PINE DR. 2.4 CITY-ST-ZIP WELLINGTON, FL. 33414		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.					
SIGNATURE: <i>Tricia A.M. Ramalakhan</i> TRICIA A.M. RAMLAKHAN APRIL 21/97 561-790-4718 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



CR2E034 (9/96)