FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P94000065398 (7)**

1. Corporation Name
TRITON VILLAS, INC.

Principal Place of Business	Mailing Address
2121 S.W. 3RD AVENUE 608 MIAMI FL 33129 US	2121 S.W. 3RD AVENUE 608 MIAMI FL 33129-1449 US

2. Principal Place of Business	2a. Mailing Address
21 1111 Lincoln Rd.	26 1111 Lincoln Rd
Suite, Apt. #, etc. 22 810	Suite, Apt. #, etc. 27 810
City & State 23 Miami Beach, FL	City & State 28 Miami Beach, FL
Zip / Country 24 33139 / 25 USA	Zip / Country 29 33139 / 30 USA

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report: 06/11/1996
4. FEI Number: 65-0520505 ☐ 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

BERT ALEXANDER & ASSOCIATES
2121 S.W. 3RD AVENUE #608
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: Lazaro Martinez
82 Street Address (P.O. Box Number is Not Acceptable): 1111 Lincoln Rd
83 Suite 810
84 City: Miami Beach, FL FL 85 Zip Code: 33139

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: Lazaro Martinez — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, LAZARO E	1.2 NAME	
STREET ADDRESS	1205 THRUSH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	IRIGOYEN, HUMBERTO L	2.2 NAME	
STREET ADDRESS	2121 S.W. 3RD AVENUE #608	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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A. Allen
4/25/97

CR2E034 (9/96)

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: