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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Saridra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P95000002930 (2)

TRYCO	TRADE, INC.								
Principal Place of Business Mailing Address						I TERRITORI NA PERE DAM DUM EN			
13010 S.W. 117TH TERRACE MIAMI FL 33186		13010 S.W. 117TH TERRACE MIAMI FL 33186							
					-	3. Date Incorporated or Qualified 01/09/1995	3a. Date	of Last F	Report
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0571612			Not Applicable
Suite, Apt. #, etc L		Suite, Apt. #, etc.			l	5. Certificate of Status Desired			5 Additional
2 City & State		City & State				E Flootion Communica Financiae			Required
23		28				6. Election Campaign Financing Trust Fund Contribution			0 May Be ed to Fees
Ξ1. Ξ Ζφ	Country	Zip	Cou	itry		8. This corporation has liability for	intangible tax		
24	25	29	30				□No		,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	legistered A	gent	
				81 Name	е				
TRONCOSO, PATRICIA			Ì	82 Stree	et Address	ess (P.O. Box Number is Not Acceptable)			
13010 S.\	W. 117TH TERRACE								
Miami Fl	33186			83					
			1	84 City				85 Z	p Code
	the provisions of Sections 607.0502 a Lagent, of both, in the State of Florida and accept the Dilgations of Section						FL	1	•
12. TIILE	OF LIGERS AND DIRECTORS  D		13.	LE		ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	TRONCOSO, PATRICIA 13010 S.W. 117TH TERRACE			EET ADDRESS	5				
TIL.F	MIAMI FL 33186	<b>™</b> DELETE	2 1 11	Y - ST - ZIP 1 F	-			] Change	Addition
NAME	MEDINA, LEONOR	<b>,</b> ,	2 2 NA		1		<b></b>	1 onlings	
STREET ADDRESS	13010 S.W. 117TH TERRACE			eet address	;				
C-15 S1-7iP	MIAMI FL 33186		2 4 CH	Y-ST-ZIP					
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STREET ADDRESS			3 3 ST	REET ADDRESS	s / 130	10 S.W. 111 7EE	eace.		
CTY-ST-Z-P				Y-ST-ZIP	MI	AMI - FL 3319			
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NAME		<u></u>	6.2 NA				<b>t</b>		
S REFEADURESS				EET ADORESS	;				
CITY - ST - ZIP				Y- \$1-ZIP					
certify that the oath; that I a	sertify that the information supplied with the information indicated on this annual on an officer or director of the corporal lock 12 or Block 13 // changed, or on	report or supplemental and ion or the receiver or truste	nished and c nual report is se empower	oes not qu	accilirata a	nd that my signature shall have the	eamo logal a	flact ac H	f made under

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/16

(305) 376 84/8