

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

①

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000016465 (3)

1. Corporation Name  
TRIPLE-L HOLDINGS, INC.

Principal Place of Business  
14241 S.W. 146TH TERRACE  
MIAMI FL 33183

Mailing Address  
14241 S.W. 146TH TERRACE  
MIAMI FL 33183

FILED  
97 SEP 12 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1995	3a. Date of Last Report 09/04/1996
4. FEI Number 65-0561557	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MARTINEZ, LENNI D  
14241 S.W. 146TH TERRACE  
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0512 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	1.1 TITLE	
NAME	MARTINEZ, LENNI D	1.2 NAME	
STREET ADDRESS	14241 S.W. 146TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MARTINEZ, ROBERTO E	2.2 NAME	
STREET ADDRESS	14241 S.W. 146TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	MARTINEZ, LEXA M	3.2 NAME	
STREET ADDRESS	14241 S.W. 146TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	SALLICK, LISA M	4.2 NAME	
STREET ADDRESS	14241 S.W. 146TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 any attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

9/16/97

CR2E034 (4/97)