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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000022162 (8)

1. Corporation Name

TRINITY TRAVEL SERVICES, INC.



Principal Place of Business

3305 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308

Mailing Address

3305 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAMNER, EDWIN L
3801 N. UNIVERSITY DR.
#318
SUNRISE FL 33351

81

Name

DAVID W. MARTINEZ

82

Street Address (P.O. Box Number is Not Acceptable)

14750 N.W. 77th Court. Suite 335

83

City

Miami Lakes

FL

85

Zip Code

33016

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

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

(NOTE: Registered Agent signature required when reinstating)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

FRAGGETTI, YVETTE

STREET ADDRESS

2541 BAYVIEW DRIVE

CITY - ST - ZIP

FT. LAUDERDALE FL 33305

TITLE

D

☐ DELETE

NAME

WATKINS, LORI J

STREET ADDRESS

729 S.W. 2ND COURT

CITY - ST - ZIP

HALLANDALE FL 33309

TITLE

D

☐ DELETE

NAME

HEDGES, LA DONNA J

STREET ADDRESS

1376 N.W. 127TH DRIVE

CITY - ST - ZIP

SUNRISE FL 33323

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)