

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.)

FILED

Sep 05 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 # P95000031091 (8)

1. Corporation Name

TRUST INVESTMENTS OF SOUTH FLORIDA CO.

Principal Place of Business

5721 S.W. 53RD TERRACE
SOUTH MIAMI FL 33155

Mailing Address

5721 S.W. 53RD TERRACE
SOUTH MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/20/1995

3a. Date of Last Report
02/12/1997

2. Principal Place of Business

21 8535 Byron ave

Suite, Apt. #, etc.

22 office Apt 27

City & State

23 miami beach FL

Zip

Country

24 Dade

2a. Mailing Address

26 8535 Byron ave

Suite, Apt. #, etc.

27 office Apt 27

City & State

28 miami beach

Zip

Country

29 Dade

4. FEI Number

NOT APPLICABLE

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BORGES, ORLANDO
5721 S.W. 53RD TERRACE
SOUTH MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

Orlando Borges

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

8535 Byron ave

83

Apt office 28.

84 City

miami beach

FL

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

July 14-97

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE

NAME BORGES, ORLANDO
STREET ADDRESS 5721 S.W. 53RD TERRACE
CITY-ST-ZIP SOUTH MIAMI FL 33155

TITLE VS ☒ DELETE

NAME BORGES, ANA H
STREET ADDRESS 5721 S.W. 53RD TERRACE
CITY-ST-ZIP SOUTH MIAMI FL 33155

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME Ismael Borges

1.3 STREET ADDRESS 8535 Byron ave

1.4 CITY-ST-ZIP miami beach office

2.1 TITLE VICE PRESIDENT / TRE. ☒ Change ☐ Addition

2.2 NAME Orlando Borges

2.3 STREET ADDRESS 8535 Byron ave

2.4 CITY-ST-ZIP miami beach

3.1 TITLE SEC. ☒ Change ☐ Addition

3.2 NAME ANA H. BORGES

3.3 STREET ADDRESS 8535 Byron ave

3.4 CITY-ST-ZIP miami beach

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 19.07(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

CR2E034 (4/97)