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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P950000 43265 ✓

1. Corporation Name

Tridimalla Corporation

Principal Place of Business

7427 N.W. 48th St
Miami FL 33166

Mailing Address

7427 N.W. 48th St
Miami FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/6/95

2. Principal Place of Business

2a. Mailing Address

21 6001 N.W. 153rd St

26 6001 N.W. 153rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 206

27 Suite # 206

City & State

City & State

23 Miami Lakes, FL

28 Miami Lakes, FL

Zip Country

Zip Country

24 33014

29 33014

30

4. FEI Number

65-0595037

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 the current year intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

Disney Thompson, Esq
169 E. Flagler St
Suite 1527
Miami FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME Enrique J. Perez Di Pasco
STREET ADDRESS 169 E. Flagler St Suite 1527
CITY-STATE-ZIP Miami FL 33131

TITLE ☐ DELETE
NAME D. VP
STREET ADDRESS Humberto A. Perez Y.
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME Enrique J. Perez Di Pasco
STREET ADDRESS 169 E. Flagler St Suite 1527
CITY-STATE-ZIP Miami FL 33131

TITLE ☐ DELETE
NAME D. VP
STREET ADDRESS Humberto C. Perez
CITY-STATE-ZIP 6901 N.W. 179th St #109
Miami FL 33015

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Humberto Perez 04/12/99 305 8262748

CR2E034 (11/98)