

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P95000051482 (4)

1. Corporation Name

TRIPLE V OF AMERICA, INC.

96 SEP -6 PM 2:12



Principal Place of Business

Mailing Address

9880 HAMMOCKS BLVD #106-4
MIAMI FL 33196

9880 HAMMOCKS BLVD #106-4
MIAMI FL 33196

3. Date Incorporated or Qualified

3a. Date of Last Report

07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 1707 N.W. 79th Avenue

26 1707 NW 79th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, Florida

28 Miami, Florida

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0592425

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SONG, FABIO G
9880 HAMMOCKS BLVD #106-4
MIAMI FL 33196

81 Name John M. MacDaniel

82 Street Address (P.O. Box Number is Not Acceptable)
One Biscayne Tower, Suite 2975

83 Two South Biscayne Blvd.

84 City Miami, Florida

FL

85 Zip Code 33131

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, 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 of person who is registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9-11-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SONG, FABIO G
9880 HAMMOCKS BLVD #106-4
MIAMI FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-96

DATE

305-597-0080

Telephone Prefix: 7

CR2E034 (3/96)