FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

, Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000051482 (4)

TRIPLE V OF AMERICA, INC.

Princ	cipal	Place	of B	JSINES
4300	K1361	notu	AUC	HIE

Mailing Address

1707 N.W. 79TH AVENUE

FILED May 09 1997 8:00am Secretary of State



MIAMI FL 3312		MIAMI FL 33126-1112			· ·					
						3. Date Incorporated or Qualified 07/03/1995	3a. Da	te of La 6/198		port
2. Principal Place of Business		2a, Mailing Address				4. FEI Number			Applied For	
21 26						65-0592425				Applicable
Suite, Apit	#, etc	Suite, Apt. #, etc.		•		6. Certificate of Status Desired			75 Ad 99 Requ	lditional ulred
City & Stat	0	Cily & State				6. Election Campaign Financing Trust Fund Contribution			.00 M	
Ζ φ	Country 25	Zip	Countr 30	y		8. This corporation has liability for in	intangible Yes		der s. 1	99.032.
24	g, Name and Address of Cur		301			10. Name and Address of New Re	gistered #	gent		
MAC	CDANIEL, JOHN M		B	1	Name	piller and a second				
	E BISCAYNE TOWER, SUITE 2	2975	. 8	-	Stroot Add	ress (P.O. Box Number is Not Acceptat	ylo)			
	SOUTH BISCAYNE BLVD.		. 64		areer Auui	ress (F.O. Box Normber is Not Acceptate				
	MI FL 33131		83	3						
			8	4	City	<u> </u>	FL	85	Zip Co	ode
11. Fursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	es, the abo	ve-	named corp	poration submits this statement for the p	ourpose of	chang	ing its	registered
office or I	registered agent, or both, in the ${f S}$	tale of Florida. Such change was a bligations of, Section 607.0505, Flo	iuthorized t	วงา	the corporat	tion's board of directors. I hereby acce	pt the app	ointme	ntas re	egistered
SIGNATURE	Signaline: type,Loc panted name of registers	clagent and title if applicable (NOT	E Registered A	genl	it signature requi	red when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	PSTD	☐ DELETE	1.1 TITLE					Chi	ange	Addition
NAME	SONG, FABIO G	400 4	1.2 NAM							
STREET ADDRESS	9880 HAMMOCKS BLVD #	100-4			ADORESS					
C(1) Y - S(1 - 2)(1)	MIAMI FL 33196	DELETE	1.4 CITY 2.1 TITLE		- ZIP			☐ Ch	ange	Addition
Title NAME		vecen	2.2 NAM						•	
STREET ADDRESS					ADDRESS					
CITY-ST ZIP			2. 4 CITY							
lifth		DELETE	3.1 TITLE	_				Ch	ange	Addition
NAME			32 NAM	E						
STREET ADDRESS			3.3 STRE	ET #	ADDRESS					
CHTY - ST - ZIP			3.4. CiTY	/- ST	T-ZIP					
HILE		DELETE	4.1 THLE	Ξ				L] Ch	ange	Addition
NAM!	j		4. 2 NAM							
STREET ADDRESS					ADDRE\$S					
C017 - S1 - ZIP		DELETE	4.4 CITY 5.1 TITLE		i - 21P			□ Çh	anne	Addition
TIME								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y-v	- Nourillo
NAME			5.2 NAM 6.2 STDE		ADDRESS .					
STREET ADDRESS										
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NAME		the state of the	6.2 NAM			70000216	362.	47	-	•
. STRELLADORESS					ADDRESS	70000218 -05/21/97010	220	37	510	197
			6.4 CITY		1	***550.00	.m m.	mr •	2/7	177
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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 and cated 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 or an attachment with an address.

SIGNATURE: