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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000052127 (4)

GARCIA TRIANA CORP.

NAME STREET ADDRESS

| Principal Place of Business Mailing Address  830 GRANADA BLVD 830 GRANADA BLVD  CORAL GABLES FL 33134 CORAL GABLES FL 33134 |   |                 | 34-2410               |  |   |                                       |
|---|---|-----------------|-----------------------|--|---|---------------------------------------|
|   |   |                 |                       |  | 3. Date Incorporated or Qualified 07/06/1995  | 3a. Date of Last Report<br>03/26/1996 |
| 2. Principal Place of Business 2a. Mailing Address 2f   |   |                 |                       |  | 4. FEI Number 65-0635866  | Applied For Not Applicable            |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27  |   |                 |                       |  | 5. Certificate of Status Desired  | See Required                          |
| 28  |   |                 |                       |  | Election Campaign Financing     Trust Fund Contribution                                   | \$5.00 May Be<br>Added to Fees        |
| Zip<br>24   | Country 25  | Ζφ<br><b>29</b> | Countr                | y<br>  |   | Yes 🔀 No                              |
| 9, Name and Address of Current Registered Agent   |   |                 |                       | Name   | 10. Name and Address of New Re  | egistered Agent                       |
| CONDE, LOURDES  |   |                 |                       | Namo   |   |                                       |
| 608 SW 26 ROAD<br>Miami FL 33129  |   |                 | 82                    | Street   | Address (P.O. Box Number is Not Acceptal  | ble)                                  |
|   |   |                 | 83                    |  |   |                                       |
|   |   |                 | 84                    | City   |   | <b>85</b> Zip Code                    |
|   |   |                 |                       |  | d corporation submits this statement for the poration's board of directors. I hereby acce | FL                                    |
| SIGNATURE   | Signature, typed or printed name of registered agent and life if applicable (NO'!  OFFICERS AND DIRECTORS |                 |                       | Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |                                       |
| TITLE   | PD  | ☐ DELETE        |                       |  |   | Change Additio                        |
| NAME  | CONDE, LOURDES  |                 | 1.2 NAME              |  |   |                                       |
| STREET ADDRESS  | 608 SW 26 RD  |                 | 1.3 STR               | 1 ADDRESS  |   |                                       |
| CITY-ST-ZIP   | MIAMI FL 33129  |                 | 1.4 CITY -            | S1 - 21P   |   | ·                                     |
| TITLE   | VD VD   | DELETE          | 2.1 10 LE             |  |   | Change Additio                        |
| NAME  | TRIANA, ARMANDO G   |                 | 2.2 NAME              |  |   |                                       |
| STREET ADDRESS  | CORAL GABLES FL 33134   |                 |                       | 1 ADDRESS  |   |                                       |
| CITY-ST-ZIP   | SD  | DELETE          | 2 4 CITY<br>3.1 TITLE | S1-7IP   |   | Change Addition                       |
| NAME  | MONNAR, ANA   |                 | 3.2 NAME              |  | 1   | En orongo En ricono                   |
| STREET ADDRESS  | 2315 SW 5 AVE   |                 |                       | 1 ADDRESS  |   |                                       |
| CITY-ST-ZIP   | MIAMI FL 33129  |                 | 3.4 CHY               | \$1-7IP  |   |                                       |
| TITLE   | 10  | DELETE          | 4.1 TillE             |  | VTD   | Change Addition                       |
| NAME  | WILLIAMS, PATRICIA  |                 | 4 2 NAM               |  | WILLIAMS, PATRICIA<br>830 GRANADA BLVD  | •                                     |
| STREET ADDRESS  | 830 GRANADA BLVD  |                 | 4 3 STREE             | T ADDRESS  | 830 GRANADA BLYD  |                                       |
| CITY-ST-ZIP   | CORAL GABLES FL 33134   |                 | 4.4 CHY-              | ST-7IP   | CORAL GABLES FL   | 33134                                 |
| TITLE   |   | DELETE          | 5 1 11TLF             |  | 1   | ☐ Change ☐ Additio                    |
| NAME  |   |                 | 5.2 NAME              |  |   |                                       |
| STREET ADDRESS  |   |                 | 5 3 STREE             | T ADDRESS  |   | •                                     |
| CITY-ST-ZIP   |   |                 | 5.4 CITY              | SI-ZIP   |   |                                       |
| TITLE   | 1   | DELETE          | 61 Title              |  | 1   | ☐ Change ☐ Addition                   |

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 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 of Block 13 if granged, or on an attachment with an address

6.4 CITY - ST - ZIP

1/16/07 (ANT) 858-441

**FILED** 

May 07 1997 8:00am

Secretary of State