FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000092153 (2)

1. Corporation Name
TRIPLE R INVESTMENTS GROUP, INC.

Principal Place of Business
12920 S.W. 99TH AVENUE
MIAMI FL

Mailing Address
12920 S.W. 99TH AVENUE
MIAMI FL

3. Date Incorporated or Qualified: 12/04/1995
3a. Date of Last Report:

2. Principal Place of Business
21 7240 S.W. 39 Terr
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip
24 33155
25 County

2a. Mailing Address
26 7240 S.W. 39 Terr.
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip
29 33155
30 Country

4. FEI Number: 65-0630271
☐ 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
VELOCCI, RALPH
349 CENTER ISLAND
GOLDEN BEACH FL

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 ___ DATE ___

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	VELOCCI, RALPH	
STREET ADDRESS	349 CENTER ISLAND	
CITY-ST-ZIP	GOLDEN BEACH FL	
TITLE	D	☐ DELETE
NAME	POPRITKIN, RAUL	
STREET ADDRESS	12920 S.W. 99TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	POPRITKIN, ROSITA	
STREET ADDRESS	12920 S.W. 99TH AVE.	
CITY-ST-ZIP	MIAMI FL	
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) TITLE		☐ Change ☐ Addition
1) NAME		
1) STREET ADDRESS		
1) CITY-ST-ZIP		
2) TITLE		☐ Change ☐ Addition
2) NAME		
2) STREET ADDRESS		
2) CITY-ST-ZIP		
3) TITLE		☐ Change ☐ Addition
3) NAME		
3) STREET ADDRESS		
3) CITY-ST-ZIP		
4) TITLE		☐ Change ☐ Addition
4) NAME		
4) STREET ADDRESS		
4) CITY-ST-ZIP		
5) TITLE		☐ Change ☐ Addition
5) NAME		
5) STREET ADDRESS		
5) CITY-ST-ZIP		
6) TITLE		☐ Change ☐ Addition
6) NAME		
6) STREET ADDRESS		
6) CITY-ST-ZIP		

500001757785
-03/26/96--01111--007
***200.00

CR2E034 (12/95)

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 report or supplemental 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 all other like empowered.

SIGNATURE: [signature] Off / Director 2/2/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raul Popritkin