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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000034359 (5)

TRIANGLE EXPORTS, INC. Principal Pace of Business Mailing Address 3360 NW 72ND AVENUE 3360 NW 72ND AVENUE MIAMI FL 33122 MIAMI FL 33122-1320 3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intengible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GASSNER, JEFFREY S 3360 NW 72ND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33122 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flonda 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 group strong discovered against applicative (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. III.F DELETE 1.1 TITLE ☐ Change ☐ Addition GASSNER, JEFFREY S GASSNER TEFFREY S NAME 1.2 NAME address change 111 NW 183 ST, SUITE 512 STREET ADDRESS 1.3 STREET ADDRESS 3360 NN 72ND Avenue MIAMI FL 33169 CHY-ST-200 1.4 CITY-ST-ZIF DELETE TILLE 21 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP DELETE 1000 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 00 y - \$1 - 24° 3.4. CITY - ST - ZIP DELETE THE 4.1 TITLE Change Addition 4 2 NAME STREET ALORESS 4.3 STREET ADDRESS OTF-\$1-20 4.4 CITY - ST-ZIP DELETE THE ___ Change 51 TIME ■ Addition 5.2 NAME STREET ALCIDESS 5.3 STREET ADDRESS CHr-St 70 5 4 CITY-ST-ZIP THEF ☐ DELETE 61 TITLE Addition NAME 6.2 NAME STREET ADOREST 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CHT-SI ZIE 14. I do fice-by 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Flock 12 or Block 13 if chapped or an attachment with an address.

SIGNATURE:

Tethney S. Gassner Geb 24/47 305-418-4221

FILED

Feb 27 1997 8:00am

Secretary of State