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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

FILED

Apr 29 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600052029 (1)

TREN-D-HOME, INC.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Principal Place of Business Mailing Address				T TERUKAAN KUR URUM BUUM REKU REUM REUM REUM REKAT ET	418 11041 8 0410 11010 1017 1001
8280 PINES BLVD		8280 PINES BLVD			
PEMBROKE PINES FL 33024		PEMBROKE PINES FL 33024			
US		U\$		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		06/17/1996 4. FEI Number	14-0-48-
21	The of Dustings	26			Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0676643	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	lθ	City & State	- APP Market - 1 - 1 - 1	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25		30		Yes No
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
COLLAZO, ANA T			81 Name	ANA T COLLAZ	0
19093 N.W 12TH COURT			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33029			63	8380 LINES B	טע
			63		
1			84 City	PHBROKE PINESFL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	es the above-named corr	poration submits this statement for the purpose of	s 33024
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the corpora	tition's board of directors. I hereby accept the app	ointment as registered
l .	in i a miliar with, and accept the obliga	ations of, Section 607.0505, Fig.	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	: Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DE ORO, ANTONIO		1.2 NAME		-
STREET ADDRESS	19064 N.W 13TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029	ı	1.4 CiTY-ST-ZiP		
TITLE	D	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	D E ORO, DAWN		2.2 NAME		
STREET ADDRESS	19064 N.W 13TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		2. 4 CITY - ST- ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, ALEJANDRO J		3.2 NAME		ļ
STREET ADDRESS	19093 N.W 12TH COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE	-	Change Addition
NAME	COLLAZO, ANA T		4. 2 NAME		
STREET ADDRESS	19093 N.W 12TH COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		4.4 CITY-ST-ZIP		ļ
TITLE		☐ DELET e	5.1 TITLE		Change Addition
NAME			5.2 NAME		75 I
STREET ADDRESS			5.3 STREET ADDRESS		1500

14. I 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 or Block 13 if changed, or only altachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP -04/29/98--01063--034

***150.00

6.1 TITLE

6.2 NAME .

DELETE