FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT [redacted] 1997

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

FILED
97 JUN 27 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058721

1. Corporation Name
TRUJAL INVESTMENTS, INC.

Principal Place of Business / Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 6/13/96
3a. Date of Last Report: 1996

2. Principal Place of Business
21 210 Mobile Gardens
Suite, Apt. #, etc. 22
City & State 23 Englewood, FL
Zip 24 34224 Country 25 USA

2a. Mailing Address
26 P.O. Box 103
Suite, Apt #, etc. 27
City & State 28 Englewood, FL
Zip 29 34295 Country 30 USA

4. FEI Number: 65-0680516 ☐ 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

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name: RUDOLPH M. DI LASCIO, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 5798 Johnson Street
83
84 City: Hollywood FL 85 Zip Code: 33021

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: [signature] DATE: 5/19/97
Signature, typed or printed name of registered agent and title if applicable. (Required Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	P/D XXX Change ☐ Addition
NAME	JAMES BOMMEN	12 NAME	JAMES BOMMEN
STREET ADDRESS		13 STREET ADDRESS	P.O. Box 103 (N/A).
CITY-ST-ZIP		14 CITY-ST-ZIP	Englewood, FL 34295
TITLE	P/D	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS	210 MOBILE GARDEN-ENGLEWOOD	23 STREET ADDRESS	
CITY-ST-ZIP	FL. 34224.	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	900002227279---4
STREET ADDRESS		33 STREET ADDRESS	-07/01/97--01008--015
CITY-ST-ZIP		34 CITY-ST-ZIP	****165.00 ****165.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

6-30-97

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: James Bommen JAMES BOMMEN 19th MAY 97 941-474-0297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #