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FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000060502 (7)

1. Corporation Name  
TRINOVA, INC.



Principal Place of Business  
4301 S.W. 4TH STREET  
MIAMI FL 33134

Mailing Address  
4301 S.W. 4TH STREET  
MIAMI FL 33134-1825

3. Date Incorporated or Qualified  
07/19/1996

3a. Date of Last Report

2. Principal Place of Business  
21 9660 US 301 South  
Suite, Apt. #, etc.

2a. Mailing Address  
26 PO Box 2448  
Suite, Apt. #, etc.

4. FEI Number  
65-0694149

Applied For  
Not Applicable

22 City & State  
23 Riverview, FL  
24 Zip 33569  
25 Country

27 City & State  
28 Riverview, FL  
29 Zip 33568  
30 Country

6. 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

10. Name and Address of New Registered Agent

ROSE, MAYRA  
4301 S.W. 4TH ST.  
MIAMI FL 33134

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*M.C. Rose*

*M.C. Rose*

*01/28/97*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ROSE, MAYRA  
STREET ADDRESS 4301 S.W. 4TH STREET  
CITY-ST-ZIP MIAMI FL 33134 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME RICHARDSON, MICHAEL  
STREET ADDRESS P.O. BOX 680603  
CITY-ST-ZIP MIAMI SPRINGS FL 33266 ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME *Richardson, Michael*  
2.3 STREET ADDRESS *15 South Esplanade Dr #C*  
2.4 CITY-ST-ZIP *Miami Springs, FL 33266*

TITLE D  
NAME CHOW, DENNIS  
STREET ADDRESS 12250 S.W. 80TH ST.  
CITY-ST-ZIP MIAMI FL 33183 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Dennis Chow*

*Dennis Chow*

*3/26/97*

*305/595-7570*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)