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

**PROFIT** CORPORATION

FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

## ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS**

**FILED** Mar 24 1998 8:00am Secretary of State

DOCUMENT # P96000060502 (7) TRINOVA, INC. Principal Place of Business Mailing Address 9660 US 301 SOUTH P O BOX 2448 RIVERVIEW FL 33569 RIVERVIEW FL 33568 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0694149 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Michael ROSE. MAYRA Reedy 4301 S.W. 4TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33134** вэ CityBrandon 84 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 way accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE ROSE, MAYRA **CR2E034** NAME 1.2 NAME 4301 S.W. 4TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33134 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE RICHARDSON, MICHAEL NAME 2.2 NAME 15 SOUTH ESPLANADE DR #C STREET ADDRESS 2.3 STREET ADDRESS MIAMI SPRINGS FL CHTY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE CHOW, DENNIS 3.2 NAME NAME 12250 S.W. 80TH ST. 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33183** 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Channe TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 🔲 DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF

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 supplientental annual report is trift; 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 of the receiver or trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed L. on an attachment with employees.

SIGNATURE:

\*\*Dennis\*\* Chow\*\*

3/15/98\*\*

305/274-7269\*\*

SIGNATURE: