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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061548 (9)

TREBOR-MIT CORPORATION

Principal Place of Business

Mailing Address

FILED Jun 10 1997 8:00am Secretary of State



1104 NE 118TH STREET MIAMI FL 33161		1104 NE 118TH STREET MIAMI FL 33161-6442						
					3. Date Incorporated or Qualified 07/19/1996	3a. Date of Last I	Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		pplied For	
21		26	26			3	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	ł•'η ´		Election Campaign Financing Trust Fund Contribution			
Zip 24	Country 25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	NGLE, TIM		B1	Name			1	
	4 NE 118TH STREET MI FL 33161		82 Street Addr		fress (P.O. Box Number is Not Acceptable)			
			83					
			84	City	·	FL 85 Zip	Code	
11. Pursuant office or r	to the provisions of Sections 60: egistered agent, or both, in the	7.0502 and 607.1508, Florida Statute State of Florida Such change was ac	s, the abov ultiorized b	L e-named cor y the corpora	poration submits this statement for the pution's board of directors. I hereby accep	roose of changing	ils registered s 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 family in with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature product name of registered agent and talk if applicable. (NOTE: Registered Agent signature required when reinstaling)								
12.		S AND DIRECTORS	13,	on sgraure requ	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 THEE		Notification and a second	☐ Change	Addition	
NAME	PRINGLE, TIM		1.2 NAME			_ *		
STREET ADDRESS	1104 NE 118TH STREET		1.3 STREE	I ADDRESS			{	
CITY-ST-ZIP	MIAMI FL 33161 1.4 CI		1.4 CITY - 5	ST-ZIP				
TITLE	D	DELETE	2.1 TITLE		Λ,	☐ Change	_ Addition C	
NAME	frieh, w r		2.2 NAME					
STREET ADDRESS	1104 NE 118TH STREET		2.3 STREE	ADDHESS :	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP	MIAMI FL 33161		2.4 CITY-	ST-ZIP	ارات <u>در این این است. منطق</u> ی افزاریزی و از در در این بیوان ^{این ا} در در در این بیوان ^{این ا} در در در			
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CITY-ST-ZIP		T 551.05	3.4. CHY-	ST-7IP				
TITLE			4.1 TITLE			L Change	Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET				İ	
ÇITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CHY-5 5.1 THLE	31 · 71P	·	Change	Addition	
NAME			5.2 NAME			CT Charge	LJ Addition	
STREET ADDRESS			52 NAME 53 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-5					
TITLE		DELETE	61 TITLE	01 - ZII'		☐ Change	Addition	
NAME			62 NAME			onange	radiion	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 C/TY - S					

I do hereby certify that the information supplied with this filling 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 lam 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.