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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000061548 (9)

TREBOR-MIT CORPORATION

## FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Addres							881 IBH IBBI	
1104 NE 118TH STREET			1104 NE 116TH STREET			1		
MIAMI FL 33161		MIAMI FL 33161	MIAMI FL 33161			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						07/19/1996		
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For		
21		26				65-0757443 No	ot Applicable	
j Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional	
22 City & Stot		City & Ctate	City & State				equired	
City & State		28					May Be to Fees	
I Zip   Country		Zip				B. This corporation owes or has paid the current year Int		
24	25 29 30		<del></del>	•		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre					10. Name and Address of New Registered Agent		
PRINGLE, TIM				81	Name			
1104 NE 118TH STREET			l	82	Street	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33161			ļ	83	ļ <del></del>			
				63	ı			
			I	84	City	FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	utes, the a	bove	-named		ts registered	
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	III Parliment with and according to the	gottona or, occitori ocz tocco; .	IOTOG OTG	IGIOU				
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register				d Ager	nt signature	required when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	_		1.1 TI			Change -	Addition	
NAME PERFECT ADDRESS	PRINGLE, TIM 1104 NE 118TH STREET		1.2 N/		*0000000			
STREET ADDRESS 1104 NE 1181H STREET OITY-ST-ZIP MIAMI FL 33161			. 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			1		
TITLE	0	DELETE			1-211	Change	Addition	
NAME	FRIEH, W R		2.2 NAME			•		
STREET ADDRESS 1104 NE 118TH STREET		2.3		2.3 STREET ADDRESS				
CITY-ST-ZIP MIAMI FL 33161			2. 4 CITY		ST-ZIP			
TITLE	DELETE 31		31 TC	31 TITLE		☐ Change	Addition	
NAME			3.2 N/	3.2 NAME				
STREET ADDRESS			3351	TREET	ADDRESS		ļ	
CITY-ST-ZIP TITLE	Telegraphic Control of the Control o			3 4. CITY - ST - ZIP 4 1 TITLE		Change	Addition	
NAME		LJ DELETE				Change	L.J AOORIUN	
STREET ADDRESS				4. 2 NAME 4.3 Street address				
CITY-ST-ZIP				ITY-ST				
TITLE		DELETE	5.1 TI		1-EK	Change	Addition	
NAME	l .		5.2 NA	AME				
STREET ADDRESS			\$.3 ST	TREET	ADDRESS		İ	
CITY-ST-ZIP			5.4 Ci	(TY-ST	r- 71P			
TITLE		DELETE	6.1 TI	TLF		Change	Addition .	
NAME			6.2 N/	AME				
STREET ADDRESS	Į		6.3 \$1	TREET	ADDRESS			

14. 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 13 if changed, or on an attachment with an address.

SIGNATURE: O

Tim Princle

4/29/98 805-899 9980