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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 07 1997 8:00am

Secretary of State

DOCUMENT # P96000073829 (9)

TRENDS UNLIMITED, INC. Principal Place of Business Mailing Address 10201 HAMMOCKS BLVD. 10201 HAMMOCKS BLVD. **8UITE 150** SUITE 150 MIAMI FL 33196 MIAMI FL 33196-3787 3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1996 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 65069 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Gonzalez, adalinda Name 10201 HAMMOCKS BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 150** MIAMI FL 33196 83 84 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DELETE ___ Addition TITLE Change 1.1 Till LE **GONZALEZ, ADALINDA** NAME 1.2 NAME 10201 HAMMOCKS BLVD., #150 STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33196 CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DELETE Change Addition 2 1 THUE CALDAS, ARASAY NAME 2.2 NAME 10201 HAMMOCKS BLVD., SUITE 150 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change ___ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change TITLE Addition 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHY - \$1 - 2IP DELFTE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 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 logal 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 in changed, or on an attachment with an address.

4/20/02