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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT #

1. Corporation Name

TROI-NORTE, INC.

P97000001560

Principal Place of Business

15226 S.W. 111 St.
Miami, Florida 33196

Mailing Address

15258 S.W. 109 St
Miami, FL. 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
January 3, 1997

2. Principal Place of Business

21 12926 S.W. 133 Ct.

2a. Mailing Address

26 5258 S.W. 109 St

Suite, Apt. #, etc.

22 Suite E (Rear)

Suite, Apt. #, etc.

27 City & State
Miami Florida

City & State

23 Miami, Florida

Zip

4 33186

Country

25 U.S.A.

Zip

29 33196

Country

30 U.S.A.

4. FEI Number

Applied For
Not Applicable

5. 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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

Jilma M. Lasso, Esq.
782 N.W. Le Jeune Rd.
Suite 440
Miami, Florida 33126

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Director ☐ DELETE

NAME Carlos Alvarez
STREET ADDRESS 15258 S.W. 109 St.
CITY-ST-ZIP Miami, Florida 33196

TITLE President ☐ DELETE

NAME Carlos Alvarez
STREET ADDRESS 15258 S.W. 109 St.
CITY-ST-ZIP Miami, Florida 33196

TITLE Vice President ☐ DELETE

NAME Carlos Alvarez
STREET ADDRESS Same as above
CITY-ST-ZIP

TITLE Secretary ☐ DELETE

NAME Carlos Alvarez
STREET ADDRESS Same as above
CITY-ST-ZIP

TITLE Treasurer ☐ DELETE

NAME Carlos Alvarez
STREET ADDRESS Same as above
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002500036
-05/04/98--01028--020
***150.00

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 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:

(305) 382-4762

CR2E034 (10/97)