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Apr 14 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 # P97000032526 (0)

1. Corporation Name
TRIUMPH RECOVERY II, INC.

Principal Place of Business

Mailing Address

407 LINCOLN ROAD
SUITE 9C
MIAMI BEACH FL 33139

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SUITE 9C
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

65 0760275

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 ☐

2. Principal Place of Business

21 17000 BISCAYNE BLVD

Suite, Apt. #, etc.

22 Suite 400

City & State

23 MIAMI FL

Zip

24 33181

Country

25 OADC

2a. Mailing Address

26 17000 BISCAYNE BLVD

Suite, Apt. #, etc.

27 Suite 400

City & State

28 MIAMI FL

Zip

29 33181

Country

30 OADC

9. Name and Address of Current Registered Agent

SANDBERG, NEAL L
2650 BISCAYNE BLVD.
MIAMI FL 33137

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAPIRO, ROBERT
STREET ADDRESS 407 LINCOLN ROAD 12000 BISCAYNE BLVD
CITY-ST-ZIP MIAMI BEACH FL 33139 MIAMI FL 33181

TITLE ~~60~~ VICE PRESIDENT - DIRECTOR
NAME TURETSKY, ERIC
STREET ADDRESS 407 LINCOLN ROAD 12000 BISCAYNE BLVD
CITY-ST-ZIP MIAMI BEACH FL 33139 MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY
1.2 NAME MATTHEW SROOK
1.3 STREET ADDRESS 12000 BISCAYNE BLVD
1.4 CITY-ST-ZIP MIAMI FL 33181

2.1 TITLE D
2.2 NAME MARC SINGER
2.3 STREET ADDRESS 800 DOUGLAS RD
2.4 CITY-ST-ZIP CORAL GABLES FL 33134

3.1 TITLE ~~FAITH~~ D
3.2 NAME FAITH XENOS
3.3 STREET ADDRESS 800 DOUGLAS RD
3.4 CITY-ST-ZIP CORAL GABLES FL 33134

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 x [Signature] ROBERT SHAPIRO 4-8-98 2:52 PM

CR2E034 (10/97)