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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000048712 (8)

TRINI, INC.

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3425 S. US HWY. #1 3425 S. US HWY. #1 FT. PIERCE FL 34982 FT. PIERCE FL 34982 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1997 2a. Mailing Address 4. FEI Number 65-0778686 Applied For 2. Principal Place of Business 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. \mathbf{Z} 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zìp 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATEL, JAYENDRA 3425 S. US HWY. #1 Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34982 83 85 Zip Code 84 City

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 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DPST DELETE Change Addition 1.1 TITLE D/9/S TITLE PATEL, JAYENDRA 3425 S. US HWY. #1 PATEL, JAYENDRA 1.2 NAME 3425 S. US HWY. #1 1.3 STREET ADDRESS STREET ADDRESS E+ PIRCO FL 34982 FT. PIERCE FL 34982 1.4 CITY-ST-ZIP DITY - ST - ZIP Change DELETE Addition 2.1 TITLE TITLE PATEL, GIRISH 3425 S. US HWY # 1 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS ierce FL 34982 2, 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 employered 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 attagrament with an address.

IIJ AYENDRA PATEL 1561/460-2333 SIGNATURE: