## 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

DOCUMENT # P97000094776 (6)

TRINITY INVESTMENTS, INC.

Principal Place of Business Mailing Address 789 N.W. 153RD STREET MIAMI FL 33169 789 N.W. 153RD STREET MIAMI FL 33169 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Zip Country B. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30.

## **FILED** May 11 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Not Applicable

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOODY, MICHAEL A 789 N.W. 153RD STREET MIAMI FL 33169			81	Name		1	
			82	Street	Address (P.O. Box Number is Not Acceptable)	┨	
				0			
			83			1	
			84	City	85 Zip Code	┨	
			1		FL		
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. Souch 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.							
•	m ramiliar with, and accept the obligation	ris ot, Section bur USUS, Florida	SIMILIE	<b>S</b> .		l	
SIGNATURE   Signature, typed or printed name of registered agrees and title if applicative. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND D	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	16	
TITLE	PTO	☐ DELETE	1.1 TITLE	-	Change Addition	15	
NAME	MOODY, MICHAEL A		1.2 NAME			2	
STREET ADDRESS	789 N.W. 153RD STREET		1.3 STREET	ADDRESS		լչ	
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY - S	ST-21P		និ	
TITLE	VSD	DELETE	2.1 TITLE		Change Addition	۲	
NAME	MOODY, DANIECE E		2.2 NAME			ļ	
STREET ADDRESS	789 N.W. 153RD STREET		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169		2.4 CITY-	ST-ZIP		]	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME		1	3.2 NAME			l	
STREET ADDRESS		i	3.3 STREET	ADDRESS		l	
CITY-ST-ZIP			3.4. CITY-:	ST-ZIP		]	
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS		Ĺ	
CITY-ST-ZIP			4.4 CITY - 9	T-ZIP		1	
TITLE		DELETE	5.1 TITLE		Change Addition	l	
NAME			5.2 NAME				
STREET ADDRESS	-4		5.3 \$TREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	SY-ZIP			
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition	l	
NAME			6.2 NAME			l	
STREET ADORESS		1	6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - 9			}	
14. I hereby o	ertity that the information supplied with	this filing does not qualify for the	exemp	tion state	ed in Section 119.07(3)(i) Florida Statutes, I further certify that the information	1	

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 outh; 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:

おおおおお はあります 一片 いいちょう mana を付ける かれある あままる あいえい きゅうけん かいかい かいがん こうじょう しんしょう しんじょう しんしょう しんしょう しんしょう しんしょう しんしょう しんしょう しんしょう