

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
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
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DOCUMENT # **P97000106827 (3)**

1. Corporation Name
TRISKLE ENTERPRISES, INC.

Principal Place of Business 5201 BLUE LAGOON DR., SUITE 100 MIAMI FL 33126	Mailing Address 5201 BLUE LAGOON DR., SUITE 100 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/18/1997
4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 5201 Blue Lagoon Drive Suite, Apt. #, etc. 22 Suite 100 City & State 23 Miami, FL Zip 24 33126	2a. Mailing Address 26 5201 Blue Lagoon Drive Suite, Apt. #, etc. 27 Suite 100 City & State 28 Miami, FL Zip 29 33126 Country 25 U.S.A.
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9. Name and Address of Current Registered Agent

**SKOLA, THOMAS J
5201 BLUE LAGOON DR., SUITE 100
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luciana Maia Bomeny	1.2 NAME	
STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	1.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas J. Skola	2.2 NAME	
STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	2.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frederico Figueiredo	3.2 NAME	
STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Luciana Maia Bomeny* **LUCIANA MAIA BOMENY** 4/8/98 130515966453

CR2E034 (10/97)