

18041999-90004-037-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

99.

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90004 037 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000022311

1. Corporation Name

TRIESTE MANAGEMENT CORP.

Principal Place of Business
6870 SUNRISE PL
CORAL GABLES FL 33133

Mailing Address
6870 SUNRISE PL
CORAL GABLES FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

65-0827551

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 the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**BEFELER, GEORGE ESQ.
100 SE 2ND ST, STE 3700
MIAMI FL 33131**

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 **D** ☐ DELETE
NAME **NARCISO, ENRIQUE**
STREET ADDRESS **6870 SUNRISE PL**
CITY-STATE-ZIP **CORAL GABLES FL 33133**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **RENE BRILLENBOURG**
1.3 STREET ADDRESS **P.O. BOX 330926**
1.4 CITY-STATE-ZIP **MIAMI, FL 33233**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **DAVID BRILLENBOURG**
2.3 STREET ADDRESS **3210 TREASURE TROVE LANE**
2.4 CITY-STATE-ZIP **COCONUT GROVE FL 33133**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-99

Date

Daytime Phone #

CR2E034 (5/99)