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

150.00

PROFIT CORPORATION ANNUAL REPORT

**1999**

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

99 MAY -3 AM 9:51

DOCUMENT # P98000043053

1. Corporation Name

Triff and Associates, Inc.

Principal Place of Business
1101 Brickell Ave, #1400
Miami, FL 33131

Mailing Address
1101 Brickell Ave, #1400
Miami, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Registered Or Qualified
05/11/1998

4. FEI Number — Applied For / Not Applicable: X

5. [illegible] — $8.75 Additional Fee Required

6. [illegible] — $5.00 May Be Added to Fees

8. [illegible] — Yes: X

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip — Country
24 — 25

26
Suite, Apt. #, etc.
27
City & State
28
Zip — Country
29 — 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Rafael Sanchez-Aballi, Esq.
82 Street Address (P.O. Box Number is Not Acceptable):
1101 Brickell Avenue, #1400
83
84 City: Miami — FL — 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The registered office and the registered agent of the above-named corporation shall be as stated in Section 10 above. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12 OFFICER AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 ADDITIONAL OFFICERS AND DIRECTORS

D Rafael Sanchez-Aballi, Esq. X
1101 Brickell AVE, #1400
Miami FL 33131

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-05/13/99--01174--002
***2821.25 ****150.00

RK
5/3/99

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 added, by this report.

SIGNATURE: Rafael Sanchez-Aballi, Esq. (D) April 30, 1999 (305) 373-0330

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR REQUIRED — DATE — DAYTIME TELEPHONE NUMBER

CR2E024 (11/98)