04261999-90111-001-$158.75-$158.75

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90111 001 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000052957**

1. Corporation Name
TRIMAN ANDIL INT., U.S., INC.

Principal Place of Business	Mailing Address
100 GOLDEN GLADES ISLES DRIVE. #609 HALLANDALE FL 33009-5546	100 GOLDEN GLADES ISLES DRIVE. #609 HALLANDALE FL 33009-5546

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 100 GOLDEN ISLES DRIVE	2a. Mailing Address: 26 100 GOLDEN ISLES DRIVE
Suite, Apt. #, etc.: 22 #1209	Suite, Apt. #, etc.: 27 #609
City & State: 23 HALLANDALE FL	City & State: 28 HALLANDALE FL
Zip: 24 33009-5824 Country: 25 U.S.A	Zip: 29 33009-5824 Country: 30 U.S.A.

3. Date Incorporated or Qualified: 06/15/1998

4. FEI Number: 65-0845348 ☐ 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 Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ASKARI, HINA ESQUIRE
7000 W. OAKLAND PARK BLVD
SUITE 302
FT. LAUDERDALE FL 33313

10. Name and Address of New Registered Agent

81 Name: ANCA TEODORA IZESCU-ARSENIE
82 Street Address (P.O. Box Number is Not Acceptable): 100 GOLDEN ISLES DRIVE #609
83
84 City: HALLANDALE FL 85 Zip Code: 33009-5824

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: GAVRILAS, CRISTIAN — 05.03.1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	GAVRILAS, CRISTIAN	1.2 NAME	GAVRILAS CRISTIAN
STREET ADDRESS	100 GOLDEN GLADES ISLES DRIVE, #609	1.3 STREET ADDRESS	100 GOLDEN ISLES DRIVE #609
CITY-ST-ZIP	HALLANDALE FL 33009-5546	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009-5824
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
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	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ 04.17.1999 954-456-2924 (Fax)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
954-454-9148