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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000072906

1. Corporation Name

TREND ENTERPRISES, INC.

Principal Place of Business	Mailing Address		
8051 NORTH WEST 36TH STREET #600	8051 NORTH WEST 36TH STREET #600		
MIAMI FL 33166	MIAMI FL 33166		

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90052 050 \*\*\*158.75



					DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed			
					08/20/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
26					65-0857654	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	dditional
27					5. Certificate of Status Desired	Fee Re	guired
City & State City & State					6. Election Campaign Financing	\$5.00	Mav Be
23		28			Trust Fund Contribution	Added t	· ·
	Zip Country Zip			<del>,</del>	8. This corporation owes the current year	Intangible	
24	25	29 30			Personal Property Tax.	Yes	No
241	9. Name and Address of Current		<del>"</del>	<del></del> -	10. Name and Address of New Register		/->
	J. Hamb and Housess of Carren	The ground of Agerra	81	Name			
SAU	RIN MONTONE, MARGARETE T		L				
8051 NORTH WEST 36TH STREET #600			82 Street Address (P.O. Box Number is Not Acceptable)				
		800	_			<u></u>	
MIA	VII FL 33166		83				
			84	City	<u> </u>	- 85 Zip C	ode
	۸ .			" "	F	•L   ``	
11 Pursuant	to the provisions of Sections 60/ 0500	2 and 607 1508. Florida Statutes	the abov	e-named corp	oration submits this statement for the purposen's board of directors. I hereby accept the ac	of changing its	registered
office or r	egistered agent, or both in the State	of Florida. Such change was auth	norized by	the corporation	on's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	m familiae with, aidd accept the obligat	ions of Section 607.0505, Florid	a Statutes	i.	- July -	- /20	
SIGNATURE	I WINWAY UVILL				04/2	1/77	
	Signature Typed or printey name of registered agen	<u>``_</u>	agistered Age	nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12
12.	OFFICE S AN	D DIRECTORS    DELETE	•		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PSD'	<b></b>	1.1 TITLE			☐ Cistilide	
NAME	SAURIN MONTONE, MARGARE		1.2 NAME	ļ			
STREET ADDRESS	8051 NORTH WEST 36TH STR	EET #600	1.3 STREE	TADDRESS			
CITY+ST-ZIP	MIAMI FL 33166		1.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
	'		2.4 CITY-ST-ZIP		• •		
CITY-ST-ZIP	DELETE		3.1 TITLE	SI-ZIF		☐ Change	Addition
TITLE				1			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP	•		
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
- i		<u> </u>	5.2 NAME		•		
NAME				T ADDRESS		,	
STREET ADDRESS					·		
CITY-ST-ZIP	<u> </u>		5.4 CITY-5	1-21			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	·		6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			ı
	1		C 4 CITY S	T 710		•	

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 repeiver or trustate 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:**