

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 # P98000089673

1. Corporation Name  
TRIUMPH CAPITAL, CORP.

Principal Place of Business

5039 MARIANA CIRCLE  
BOCA RATON FL 33486

Mailing Address

5039 MARIANA CIRCLE  
BOCA RATON FL 33486

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SILVERSTEIN, BARRY D  
2999 NE 191ST STREET  
SUITE 704  
AVENTURA FL 33180

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1998

4. FEI Number

65-0869964

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

[ ] Yes

[X] No

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

[ ] DELETE

TITLE D  
NAME BAKER, ANNA M  
STREET ADDRESS 5039 MARIANA CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33486

[ ] DELETE

TITLE D  
NAME HOYOS, ISABEL C  
STREET ADDRESS 100 BAY DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33180

[ ] DELETE

TITLE D  
NAME RUSSO, DOREEN  
STREET ADDRESS 1750 NW 124TH WAY  
CITY-ST-ZIP CORAL SPRINGS FL 33071

[ ] DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[ ] DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[ ] DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change

[ ] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

[ ] Change

[ ] Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

[ ] Change

[ ] Addition

[ ] Change

[ ] Addition

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: Anna M. Baker / ANNA M. BAKER Pres. (D)

1-10-99

561-417-9411