FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUM	ENT :	# S10°	708	(3))							
1. Corporation Na		TRIC, INC.			•							
JOHOL	. I LLLO	ITHO, ING.							A TRANSPICTOR (Pri 1101) CANTO 1004) OF	J ä l 18 1) a jaji	B1818 B1811	t ALBIS ALAKI BJAIR JAH
Dringing Disease	D			·								
Principal Place of 6	Business		,	Mailing Address					t skarinin ihr tilett delik thaif de	IMI IMII EIEII		BYON BIRN BIRLY COOK
6630 W 5 PL HIALEAH FL 3	33012			6630 W 5 PL HIALEAH FL 33012	?							
				US					3. Date Incorporated or Qualified	3a. Dat	e of Last	Report
A Direct Di									11/05/1990		04/18	
2. Principal Place	of Busines:	s		a. Mailing Address					4. FEI Number			Applied For
Suite, Apt. #, et	etc.		26	Suite, Apt. #, etc.					65-0229145			Not Applicable
22			27	7					5. Certificate of Status Desired		-	75 Additional e Required
City & State				City & State			-		6. Election Campaign Financing			00 May Be
Z ip		Country	28						Trust Fund Contribution		Add	led to Fees
24	2	¬ ´	29	Z _i p]	3	Countr	У		This corporation has liability for in Florida Statutes	ntangible t No	ax under	s 199.032,
	9. Name ai	nd Address of Cur	rent Regi	stered Agent		101			10. Name and Address of New R		Anent	
					·	81	T	Name			rigon	
NELSON,						82	+	Street Addres	s (P.O. Box Number is Not Acceptable	9)		
6630 W 5 HIALEAH I		•				83	L					
MALEAN I	rt 33012					[*]					
						84	ŀ	City		FL		Zip Code
11. Pursuant to the	e provisions	s of Sections 607.05	02 and 60	07.1508, Florida Statu	tes, t	he above-	nai	med corporati	on submits this statement for the purp of directors. I hereby accept the appo	ose of cha	anging its	registered office
familiar with, ar	and accept t	the obligations of, Se	ection 607	7.0505, Florida Statute	200 K IS.	by the corp	ora	ation's board	of directors. I hereby accept the appo	intment as	registere	ed agent. I am
SIGNATURE Storat	alure typed or n	ninted name of registered ag	not nod tile if									
12.		OFFICERS A			OIE R	13.	nt si	gnature required w	hen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDEOT	200 11 10
TITLE	PSD			☐ DELETE		1. 1 TITLE		<u> </u>	ADDITIONS/CHANGES TO OFFIC		Change	
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CFTY - ST - ZIP						24 CITY-5						
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NAME				_		5.2 NAME				L] Change	☐ Addition
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CITY-ST-ZIP						5.4 CITY - S						
TOTLE				☐ DELETE		6 1 TITLE				Ė] Change	☐ Addition
NAME						62 NAME		1			-	
						DZ NAME						
STREET ADDRESS CITY-ST-ZIP					ľ	63 STREET 6.4 CITY-S		1				

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME

Otletlau

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