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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S26377

(9)

TR LATHING, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address 1433 WHITE PINE DR 1433 WHITE PINE DR WELLINGTON FL 33414 WELLINGTON FL 33414-5783 3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1991 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0243275 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RESTREPO, HERNAN ANTONIO 1433 WHITE PINE DR 82 Street Address (P.O. Box Number is Not Acceptable) **WELLINGTON FL 33414** 83 City 84 Zip Code 85 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. Resiepo SIGNATURE nt signature required when reinstating) (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition Change 🔲 DELETË 1.1 TO LE TITLE RESTREPO, HERNAN ANTONIO 1.2 NAME NAME 1433 WHITE PINE DR STREET ADDRESS 1.3 STREET ADDRESS **WELLINGTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE RESTREPO, HERNAN ANTONIO 2.2 NAME 1433 WHITE PINE DR STREET ADDRESS 2 3 STREET ADDRESS WELLINGTON FL 2.4 CHY-S1-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELFTE TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 6 1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

14. I do 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.