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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **S63503** (4)

1. Corporation Name  
**TRIMEC N.A., INC.**



Principal Place of Business

**7171 NW 74 ST  
MIAMI FL 33166-2534**

Mailing Address

**7171 NW 74 ST  
MIAMI FL 33166-2534**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
**06/27/1991**

3a. Date of Last Report  
**04/28/1995**

4. Fed Number  
**65-0277479**

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 has liability for intangible tax under s. 190.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MEARS, SUZIE  
7171 NW 74 ST  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 in Block 9.

Signature typed or printed name of registered agent in Block 10.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D MEARS, LARIE**  
STREET ADDRESS **7171 NW 74 ST**  
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **DP MEARS, SUZANNE**  
STREET ADDRESS **7171 NW 74 ST**  
CITY - ST - ZIP **MIAMI FL**

TITLE ☒ DELETE  
NAME **JILL MEARS**  
STREET ADDRESS **7171 N.W. 74 ST**  
CITY - ST - ZIP **MIAMI, FL 33166**  
**SECY**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP  
**SECRETARY**  
**JILL MEARS**  
**7171 NW 74 Street**  
**MIAMI, FL 33166**

5. TITLE ☐ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY - ST - ZIP

9. TITLE ☐ Change ☐ Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY - ST - ZIP

13. TITLE ☐ Change ☐ Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY - ST - ZIP

17. TITLE ☐ Change ☐ Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY - ST - ZIP

21. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Suzie Mears*

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-96 305 885-6218**

DATE OF FILING

CR2E034 (12/95)