7624

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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S63503

(4)

TRIMEC N.A., INC.

•

## FILED Apr 23 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address								
7171 NW 74 ST MIAMI FL 33166-2534		7171 NW 74 ST MIAMI FL 33166-2534								
						3. Date Incorporated or Qualified 06/27/1991	3a. Date 05/01			
	ace of Business	2a. Mailing Address				4. FEI Number	*		pplied For	
21		26	<u>.</u> ,.		<del>-</del>	65-0277479			lot Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
City & State		City & State							Required	
23		1 -1				Election Campaign Financing     Trust Fund Contribution			May Be	
Zip	Country	[ <b>28</b> ]	Col	untry		This corporation has liability for in			to Fees	
24	25	1	30				Yes 11		s. 199.032,	
	9. Name and Address of Current	Registered Agent	<u></u>			10. Name and Address of New Reg				
MEA	IRS, SUZIE			81	Name		<del></del>			
7174 NW 74 CT					82 Street Address (P.O. Box Number is Not Acceptable)					
	MI FL 33168			62	Sireel Add	ress (P.O. Box number is not Acceptable	0)			
				83						
				84	City		I.	_1 5		
				54	City		FL ľ	1 <b>5</b> Zip	Code	
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statuto	s, the a	ibove-i	namied corp	poration submits this statement for the pu	rpose of ch	anging	its registered	
agent. I an	n familiar with, and accept the obligat	ions of, Section 607,0505, Flo	umonze rida Sta	ea by ii atutes.	no corpora	tion's board of directors. Thereby accept	the appoin	ment a	s registered	
SIGNATURE _										
	Signature, typed or puniod name of registered agent				signature requi	ired when reinstating)	DATE			
12.	OFFICERS AND	DELLIE	13.	~		ADDITIONS/CHANGES TO OFFICE				
NAME	MEARS, LARIE	L DULLE	1.1 T					Change	Addition	
STREET ADDRESS	7171 NW 74 ST		1.2 N							
CITY-ST-ZIP	MIAMI FL				DORESS					
TITLE	DP DP	DELETE	1.4 CHY- 2.1 THILE		ZII'			Change	Addition	
NAME	IFADA GUZANNE			2.2 NAME				Onlange		
STREET ADDRESS	7171 NW 74 ST		2.2 NAME 2.3 STREET AC		nnucee					
CITY-ST-ZIP	MIAMI FL			011Y-S1-						
TITLE	8	<b>₩</b> DELETE	3.1 (		ZIF			Change	Addition	
NAME	MEARS, JILL		3.2 N					~ .a80		
STREET ADDRESS	7171 NW 74 STREET			TREET AC	ORESS					
CITY-ST-ZIP	MIAMI FL 33166			CIIY-S1-						
TITLE		DELFTE	4.1 T					Change	Addition	
NAME			4 21	NAME						
STREET ADDRESS			435	STREET AC	DRESS					
CITY-ST-ZIP			4 4 C	ITY-ST-	ZIP .					
TITLE		DELETE	511			-		Change	Addition	
NAME			52 N	IAME						
STREET ADDRESS			53S	STREET AC	DRESS					
CITY-ST-ZIP			54C	PIY-SI-	<b>7</b> IF					
TITLE		DELETE	611	ITLE				Change	Addition	
NAME			6.2 N	IAME						
STREET ADDRESS			6.3 S	TREET AC	DRESS					
CITY-ST-ZIP			6.4 C	HTY - \$1 - 2	7IP					

I do hereby certify that the information supplied with this filling 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 rny signature shall have the same legal effect as if made under oath, that I am an officer or director of the conformation 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 pringed, or on an attachment with an address.

(Mane)