SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 12:00

DOCUMENT # **S77919** **(6)**

1. Corporation Name
TRIANGLE INVESTMENTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2336 NE 5 AVE. MIAMI FL 33137 US	2336 NE 5 AVE. MIAMI FL 33137 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1991
3a. Date of Last Report: 07/25/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 65-0287466 — Applied For ☐ Not Applicable ☐

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROHAN, LAURENCE J., ESQUIRE
6101 SOUTHWEST 76TH STREET
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: NAVAL MINGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 2336 NE 5TH AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33137

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] — DATE: 6/10/1995
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO BE DELETED, AND/OR TYPOS		
TITLE	PTD	11 TITLE	V	☒ Change ☐ Addition
NAME	MINGUEZ, NAVAL II	12 NAME	MINGUEZ, NAVAL	
STREET ADDRESS	2336 NE 5TH AVENUE	13 STREET ADDRESS	2336 NE 5TH AVENUE	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL 33137	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	MINGUEZ, VIRGINIA	22 NAME		
STREET ADDRESS	2338 NE 5TH AVENUE	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	MINGUEZ, NAVAL	32 NAME		
STREET ADDRESS	2336 NE 5TH AVENUE	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ROHAN, LAURENCE J.	42 NAME		
STREET ADDRESS	6101 SW 76TH STREET	43 STREET ADDRESS		
CITY ST ZIP	SOUTH MIAMI FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: [signature] — 6/10/1995 (Date) — (305) 279-7448 (Daytime Phone #)
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

0043206 CP