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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

TRINITY PACIFIC CORPORATION

Principal Place of Business Mailing Address									- I AND FLORE AND LANCE OF THE STATE OF THE	
% CRISTINO C. ENRIQUEZ % CRISTINO C. ENRI 8 HARBORAGE ISLE 8 HARBORAGE ISLE FORT LAUDERDALE FL 33316 FORT LAUDERDALE (ISLE				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1991
2.	Principal P	lace of Busin	nass	28	. Mailing Add	iross				4. FEI Number Applied For
21	·				26					65-0300458 Not Applicable
Suite, Apt. #, etc.				<u> -</u> -	Suite, Apt. #, etc.					SR 75 Additional
22	22				27					5. Certificate of Status Desired Fee Required
i	City & State				City & State					6. Election Campaign Financing \$5.00 May Be
23	1] 20 20 20			28	Zip Country					Trust Fund Contribution Added to Fees
24	Zip	p Country Zip Ci				′		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24		9. Name	and Address of Cur		stered Agent	31	<u> </u>			10. Name and Address of New Registered Agent
Г	FN		CRISTINO C.				81	1	Name	
8 HARBORAGE ISLE								۱.,	Stroot Addre	ess (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33316							82 Street Add			ess (1.0. box Number is Not Acceptable)
							84	1	City	■■ 85 Zip Code
L				· · · · · · · · · · · · · · · · · · ·						FL ` ` `
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutions. 								v tř	named corpo ne corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SI	SIGNATURE Signature, typed or printed name of registered agen; and title if applicable. (NOTE: Registered									
12		Signature, typed	OFFICERS /			(NOTE: R	13.	orit s	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT		D				ELETE	1.1 TITLE			☐ Change ☐ Addition
NAME ENRIQUEZ, CRIS			JEZ, CRISTINO C		1.2 NA					
		8 HARE	ORAGE ISLE		135		13 STREET	AD)DRESS	
DITY-ST-ZIP FORT L		FORT L	AUDERDALE FL			1.4 CHY-ST-ZIP		ZIP		
TIT	LE	D				ELETE	2.1 TITLE			Change Addition
			JEZ, ERLINDA B				2.2 NAME		ļ	
FART			ORAGE ISLE					DRESS		
CITY-ST-ZIP FORT LAUDERDALE FL				DELETE 2.4 C			ŞI.,	ZIP	Change Addition	
NAI							3.2 NAME			
STREET ADDRESS					3.3 STREET ADDRESS		DDRESS			
CITY-ST-ZIP					3.4 CITY-ST-ZIP					
TITLE				□ DELETE 4.1 TI			4.1 TITLE	_		Change Addition
NAME				4 2 N						
STREET ADDRESS					4.9 STREET ADDR			DRESS		
CITY-ST-ZIP					4.4 CITY - ST - ZIP			ZIP		
TITI	ı				□ 0	ELETE	5.1 1ITL€] Change Addition
NAI	1						5.2 NAME			
	EET ADDRESS						5.3 STREET			
TITL	Y-ST-ZiP				Пп	ELETE	5.4 CHY-S 6.1 TITLE	1 · Z	or	Change Addition
NAN							6.2 NAME			Shange Haddings
	STREET ADDRESS						6.3 STREET ADDRESS		ORESS	
2.0							1 3			

14. I 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 coreiver 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.

CRISTINOENRIQUEZ

954-462-6021