2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # \$84677** 1. Entity Name TRINITY PACIFIC CORPORATION 02-01-2001 90001 028 ***150.00 Principal Place of Business Mailing Address % CRISTINO C. ENRIQUEZ % CRISTINO C. ENRIQUEZ HARRORAGE ISTE 8-HARDORAGE ISLE * ORT LAUDERDALE FL 33816 ORT LAUDERDALE FL 99316 848 Brickell 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0300458 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENRIQUEZ, CRISTINO C. Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Kay DR 4 3608 & HARBORAGE ISLE -FORT-LAUDERDALE FL 33316 MiAmi, A 33131 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Delete Change TITLE ENRIQUEZ, CRISTINO C NAME 8-HARBORAGE ISLE 848 Brickell Key pr # 3608 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT-LAUDERDALE FI CITY-ST-ZIP ☐ Delete TITLE ENRIQUEZ, ERLINDA B NAME 848 BRICKEII KEY DR # 3608 8_HARBORAGE ISLE STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CIZISTINO C. ENRIQUEZ

954-583-3335

Daytime Phone #