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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S96007

(7)

1. Corporation Name

TRIANGLE C RANCH, INC.

Principal Place of Business

1500 NE 105 LANE
STE 301-P
ANTHONY FL 32617
US

Mailing Address

10329-1 NW 9 ST
STE 301-P
MIAMI FL 33172
US

3. Date Incorporated or Qualified
11/22/1991

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0301443

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

10. Name and Address of New Registered Agent

CRUZ, RINALDO
1401 SW 107 AVENUE
STE 301-P
MIAMI FL 33174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of officer or principal of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CRUZ, RINALDO
STREET ADDRESS 10329-1 NW 9ST CIR
CITY - ST - ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

14. I do 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97 305-2268155

Date Daytime Phone #

CR2E034 (9/96)