FILE NOW: FILING FEE AFTER MAY 1ST IS 50.0

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMEN OF STATE

Sandra B. Moham

Secretary of \$1e DIVISION OF CORPRATIONS

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81 Name

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DOCUMENT # \$96007

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CRUZ, RINALDO 1401 **\$**W 107 AVENUE

STE 301-P

(7)

TRIANGLE C RANCH, INC.

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Principal Place of Business 1500 NE 105 LANE STE 301-P ANTHONY FL 32617 US 2. Principal Place of Business		Mailing A	ddress			
		10329-1 N Ste 301-1 Miami Fl Us	ļ			
		2a. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	28 7 ip	—Т	Quntry		

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9. Name and Address of Current Registered Agent

FILED Aug 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS **SPACE**3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

Yes

309-724-8155

11/22/1991 4. FEI Number

65-0301443

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

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

MIA	MI FL 33174	83							
		84	City	FL	85 Zij	p 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: typed by proded nance of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS	13.	ent signat	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	OBS IN 12			
TITLE	D DELETE	1.11011		Applitotototototo in ott identi i inte	Change				
NAME	CRUZ, RINALDO	1.2NAME				_			
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NAME	·	2.2 NAME				1			
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CITY-ST-ZIP		2.40114		,					
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NAME		3.2 NAME							
STREET ADDRESS		3.3 STREE	T ADDRES	ss					
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CITY-ST-ZIP		5.4 CITY-	ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE			☐ Change	e Addition			
NAME	•	6.2 NAME				ł			
STREET ADDRESS		6 3 STREE	1 Addres	s					
CITY-ST-ZIP		6.4 C(TY-	ST-ZIP						
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 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 for on an attachment with a required.									