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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name S96007

TRIANGLE C RANCH, INC.

Jan 29, 1999 8:00am **Secretary of State** 

01-29-1999 90004 023 \*\*\*150.00

**FILED** 

| Principal Plac   | e of Business   | Mailin   | g Address                          |  |  |                                 | 1 (100)(0)()   | in iniin niiši noili a                       | Milis immi medit                    | OLUCKI OLUCK ALALI          | BIBIT STACT (BB)                       |   |
|--|---|--|------------------------------------|--|--|---------------------------------|--|--|-------------------------------------|-----------------------------|--|---|
| 1500 NE 105 LANE<br>STE 301-P  |   | · -  | 10329-1 NW 9 ST<br>STE 301-P       |  |  |                                 |  |  |                                     | 00.05                       | -                                      |   |
| ANTHONY FL 32617   |   |  | MIAMI FL 33172                     |  |  |                                 | DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed |  |                                     |                             |  | 1   |
| US   |   | US   | •                                  |  |  |                                 | 1  |  | 1                                   |                             | ·                                      |   |
| O Dissers of D   | Name of Business  | 2a M   | ailing Address                     |  |  |                                 | 11/22/199<br>4. FEI Number                                   | 1  |                                     | Ar                          | oplied For                             | 1   |
| <del>-</del>   | Place of Business   | <b>⊢</b>   | alling Address                     |  |  |                                 | 65-030144  | 2  |                                     |                             | ot Applicable                          | 3   |
| Suite, Apt.  | # etc   | 26  <br>  Si   | uite, Apt. #, etc.                 | ****   |  |                                 |  |  |                                     | <del></del>                 | Additional                             | 1 5   |
| 22   | . <del>17</del> , 610.  | 27   | 21.0, 7.40.1.7, 0.10.              |  |  |                                 | 5. Certifcate of S   | Status Desired                               |                                     | Fee Re                      |  | ļ `   |
| City & Stat  | te  |  | ity & State                        |  |  |                                 | 6. Election Cam  | paign Financing                              |                                     | \$5.00                      | May Be                                 | 1   |
| 23   |   | 28   |                                    |  |  |                                 | Trust Fund Co  |  |                                     | •                           | to Fees                                |   |
| Zip  | Country   | Zij  | p                                  | Cou  | ntry   |                                 | 8. This corporati  | on owes the cui                              | rent year In                        | tangible                    |  |   |
| 24   | 25  | 29   |                                    | 30   |  |                                 | Personal Prop  |  |                                     | Yes                         | □No -                                  | 1   |
|  | 9. Name and Addres  | s of Current Register  | ed Agent                           |  |  |                                 | 10. Name and A   | ddress of New                                | Registered                          | Agent                       |  | 1   |
|  |   |  |                                    | -  | 81 N   | lame                            |  |  |                                     |                             |  |   |
|  | JZ, RINALDO<br>1 SW 107 AVENUE  | •  |                                    |  | <b>82</b> S  | treet Addre                     | ess (P.O. Box Numb   | er is Not Accep                              | table)                              |                             |  |   |
| STE  | 301-P   |  |                                    | İ  | 83   |                                 |  |  | 温度期                                 |                             |  |   |
| Mia  | MI FL 33174   |  |                                    | `  | 84 C   | City .                          | 43 (\$ 15 m  | <u>। इ.स. १८६८ (च.स.)</u><br>१९४४ - १८ वर्षा | 450 150 180<br>.em 126 - <u>e</u> n | 85 Zip                      | Code                                   | 1   |
|  |   |  |                                    |  |  | -                               |  | -  | FL                                  | <b>-</b>   '                |  | 1   |
| office or a  | to the provisions of Section<br>registered agent, or both, in<br>am familiar with, and accept | n the State of Florida   | Such change was a                  | nuthorized   | l by the   | corporation                     | n's board of director  | s: I hereby acce                             | ept the appo                        | Intment as re               | egistered                              |   |
| SIGNATURE  | Sleesture hand as printed name of   | •  | ,<br>nlicable (NOT)                | F: Registered  | Agent sign   | nature required                 | when reinstating) = - 11111                                  |  | DATE                                | ·                           | <del></del>                            | _ ا   |
|  | Signature, typed or printed name or   | fregistered agent and title if app   | <u>'</u>                           | E: Registered  | Agent sig  | nature required                 | when reinstating) = 40,0                                     | :<br>HANGES TO O                             |                                     | ND DIRECTO                  | ORS IN 12                              | á   |
| SIGNATURE 12.  | Signature, typed or printed name o  | •  | <u>'</u>                           |  |  | nature required                 | ADDITIONS/C  | HANGES TO O                                  |                                     | ND DIRECTO                  | ORS IN 12                              | (9,4,70,0)                                  |
| 12.  | Signature, typed or printed name o  | fregistered agent and title if app   | ORS                                | 13.  | rLE  | nature required                 |  | HANGES TO O                                  |                                     |                             |  | 24 744 100)                                 |
| 12.  | Signature, typed or printed name of OF  D  CRUZ, RINALDO                                      | fregistered agent and title if app<br>FICERS AND DIRECT  | ORS                                | 13.<br>1.1 TIT<br>1.2 NA   | rLE  |                                 | ADDITIONS/C  | HANGES TO O                                  |                                     |                             |  | 7007 (44 /00)                               |
| 12.<br>TITLE<br>NAME   | OF  CRUZ, RINALDO   | fregistered agent and title if app<br>FICERS AND DIRECT  | ORS                                | 13.<br>1.1 TIT<br>1.2 NA<br>1.3 STI  | île<br>Me  | DRESS                           | ADDITIONS/C  | HANGES TO O                                  |                                     | Change                      | Addition                               | 70000 (44,000)                              |
| 12. TITLE NAME STREET ADDRESS  | Signature, typed or printed name of OF  D  CRUZ, RINALDO 10329-1 NW 9ST CIF                   | fregistered agent and title if app<br>FICERS AND DIRECT  | ORS                                | 13.<br>1.1 TIT<br>1.2 NA<br>1.3 STI  | TLE<br>WIE<br>REET ADD   | DRESS                           | ADDITIONS/C  | HANGES TO O                                  |                                     |                             |  | ODDEO0'8 (44,000)                           |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or printed name of OF  D  CRUZ, RINALDO 10329-1 NW 9ST CIF                   | fregistered agent and title if app<br>FICERS AND DIRECT  | ORS DELETE                         | 13.<br>1.1 TIT<br>1.2 NA<br>1.3 STI<br>1.4 CIT   | TLE<br>ME<br>REET ADD<br>TY-ST-ZIF   | DRESS                           | ADDITIONS/C  | HANGES TO O                                  |                                     | Change                      | Addition                               | ODOTODA (44 (00)                            |
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14. 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, with all other like empowered.

SIGNATURE: