

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 18 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V03482 (9)

1. Corporation Name
TRINITY ONE CORP.

Principal Place of Business P.O. BOX 401 OPA LOCKA FL 33054	Mailing Address P.O. BOX 401 OPA LOCKA FL 33054
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1991	3a. Date of Last Report 04/14/1994
21	26	4. FEI Number 65-0315448		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
30		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHNECK, DON O. 1326 JANN AVENUE OPA LOCKA FL 33054				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature typed or printed name of registered agent and title of agent. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNECK, CLAIRE E.	12 NAME	
STREET ADDRESS	1326 JANN AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEIL, CASSANDRA S.	22 NAME	
STREET ADDRESS	1326 JANN AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNECK, DON J.	32 NAME	
STREET ADDRESS	1326 JANN AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Claire E. Schneck* - **CLAIRE E. SCHNECK, PRES.** 4-13-95 (305) 688-2526