FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V32425 (3)

1. Corporation Name
JEFFREY A. TRINZ, ESQ., P.A.

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BLVD SUITE 2710 MIAMI FL 33131	200 SOUTH BISCAYNE BLVD SUITE 2710 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 90 Edgewater Dr.
22 Suite, Apt. #, etc. #607
23 City & State: Coral Gables, FL.
24 Zip: 33133 25 Country: U.S.A.

2a. Mailing Address
26 90 Edgewater Dr.
27 Suite, Apt. #, etc. #607
28 City & State: Coral Gables, FL.
29 Zip: 33133 30 Country: U.S.A.

4. FEI Number: 65-0328476 ☐ 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

TRINZ, JEFFREY A.
200 SOUTH BISCAYNE BLVD
SUITE 2710
MIAMI FL 33146

10. Name and Address of New Registered Agent
81 Name: Jeffrey A. Trinz, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 90 Edgewater Dr. #607
83 Coral Gables
84 City: Coral Gables FL 85 Zip Code: 33133

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] Date: 4/24/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TRINZ, JEFFREY A.
STREET ADDRESS	200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Address change only DP	☒ Change ☐ Addition
1 2 NAME	Jeffrey A. Trinz	
1 3 STREET ADDRESS	90 Edgewater Dr. #607	
1 4 CITY-ST-ZIP	Coral Gables, FL. 33133	
2 1 TITLE		☐ Change ☐ Addition
3 1 TITLE		☐ Change ☐ Addition
4 1 TITLE		☐ Change ☐ Addition
5 1 TITLE		☐ Change ☐ Addition
6 1 TITLE		☐ Change ☐ Addition

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 119.07(3)(k), 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] 4/24/95 (305) 746-9144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120303 CP