

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUL 25 AM 8:06

**DOCUMENT # V34743 (7)**

1. Corporation Name  
**TRITON REAL ESTATE MANAGEMENT, INC.**

Principal Place of Business Mailing Address  
**1111 LINCOLN ROAD #804 MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

|  |  |  |  |
|--|--|--|--|
| 3. Date Incorporated or Qualified<br><b>05/01/1992</b>   |  | 3a. Date of Last Report<br><b>08/03/1994</b> |  |
| 4. FEI Number<br><b>65-0291113</b>   |  | Applied For<br>Not Applicable                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>        |  |
| 6. I have been a partner in a partnership that reports on Form 1065 <input type="checkbox"/>   |  | <b>\$5.00 May Be Added to Fees</b>           |  |
| 8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

|   |  |                                |  |  |  |                        |  |
|---|--|--------------------------------|--|--|--|------------------------|--|
| 2. Principal Place of Business  |  |                                |  | 2a. Mailing Address  |  |                        |  |
| 21 <b>1185 Marseille Dr.</b>  |  | 26 <b>7521 S.W. 133 Street</b> |  | 22 Suite, Apt. #, etc.<br><b># 105</b>   |  | 27 Suite, Apt. #, etc. |  |
| 23 <b>Miami Beach Fl.</b>   |  | 28 <b>Miami Fl.</b>            |  | 24 <b>33141</b>  |  | 25 <b>USA</b>          |  |
| 29 <b>33156</b>   |  | 30 <b>USA</b>                  |  | 9. Name and Address of Current Registered Agent                                      |  |                        |  |
| <b>M.I. HOLDING CORP</b><br><b>1111 LINCOLN RD. #804</b><br><b>MIAMI BEACH FL 33139</b> |  |                                |  | 10. Name and Address of New Registered Agent   |  |                        |  |
| 81 Name<br><b>Bert Alexander &amp; Associates</b>                                       |  |                                |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>7521 S.W. 133 Street</b> |  |                        |  |
| 83  |  |                                |  | 84 City<br><b>Miami</b>  |  |                        |  |
| 85 FL   |  |                                |  | 86 Zip Code<br><b>33156</b>  |  |                        |  |

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 *B. Irigoyen* **President** 7/7/95

| 12. OFFICERS AND DIRECTORS |                              | 13.                |  |
|----------------------------|------------------------------|--------------------|--|
| TITLE                      | <b>D-</b>                    | 1.1 TITLE          | <b>President / Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>IRIGOYEN, HUMBERTO L.</b> | 1.2 NAME           |  |
| STREET ADDRESS             | <b>1111 LINCOLN RD. #805</b> | 1.3 STREET ADDRESS | <b>7521 S.W. 133 Street</b>  |
| CITY, ST, ZIP              | <b>MIAMI BEACH FL</b>        | 1.4 CITY, ST, ZIP  | <b>Miami, Fl. 33156</b>  |
| TITLE                      | <b>VP</b>                    | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>MARTINEZ, LAZARO</b>      | 2.2 NAME           |  |
| STREET ADDRESS             | <b>1111 LINCOLN RD #805</b>  | 2.3 STREET ADDRESS |  |
| CITY, ST, ZIP              | <b>MIAMI BEACH FL</b>        | 2.4 CITY, ST, ZIP  |  |
| TITLE                      |                              | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |                              | 3.2 NAME           |  |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS |  |
| CITY, ST, ZIP              |                              | 3.4 CITY, ST, ZIP  |  |
| TITLE                      |                              | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |                              | 4.2 NAME           |  |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS |  |
| CITY, ST, ZIP              |                              | 4.4 CITY, ST, ZIP  |  |
| TITLE                      |                              | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |                              | 5.2 NAME           |  |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS |  |
| CITY, ST, ZIP              |                              | 5.4 CITY, ST, ZIP  |  |
| TITLE                      |                              | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |                              | 6.2 NAME           |  |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS |  |
| CITY, ST, ZIP              |                              | 6.4 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 Sections 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: *B. Irigoyen* **Humberto L. Irigoyen** 7/7/95 **305-534-4112**

CR2E034 (3/95)