

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V34743 (7)**

1. Corporation Name

TRITON REAL ESTATE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

1185 MORSEILLE DR
STE 105
MIAMI BEACH FL 33141
US

7521 SW 133RD ST
#804
MIAMI FL 33156
US

2. Principal Place of Business

2a. Mailing Address

21 2121 S.W. 31st AVE.

26 2121 S.W. 31st AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 608

27 608

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip Country

Zip Country

24 33129

25

29 33129

30

9. Name and Address of Current Registered Agent

BERT ALEXANDER & ASSOCIATES
7521 SW 133RD T
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name **BERT ALEXANDER & ASSOCIATES**
82 Street Address (P.O. Box Number is Not Acceptable)
2121 S.W. 31st AVE. #608
83
84 City **MIAMI** FL 85 Zip Code **33129**

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 of person making this filing or authorized representative

Signature of Registered Agent or authorized representative

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	IRIGOYEN, HUMBERTO L.	
STREET ADDRESS	7521 SW 133RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	IRIGOYEN, HUMBERTO L.	
3. STREET ADDRESS	2121 S.W. 31st AVE. #608	
4. CITY-ST-ZIP	MIAMI, FL. 33129.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96 (305) 285-9994
DATE Filing Fee \$

CP2E034 (12/95)