

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$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 # V34744

(5)

1. Corporation Name

TRITON REAL ESTATE, INC.

Principal Place of Business

Mailing Address

**1111 LINCOLN ROAD
STE. 804
MIAMI BEACH FL 33139
US**

**1111 LINCOLN ROAD
STE. 804
MIAMI BEACH FL 33139
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1992

3a. Date of Last Report

07/20/1994

4. FEI Number

65-0342440

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election (Corporation's choice)

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1185 Morseville Dr.

26 7521 S.W. 133 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 105

27

City & State

City & State

23 Miami Beach FL

28 Miami FL

Zip

Country

Zip

Country

24 33141

25 USA

29 33156

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERT ALEXANDER & ASSOCIATES
7521 S.W. 133 STREET
MIAMI FL 33156**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and the corporation

802E Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION (SEE INSTRUCTIONS ON REVERSE OF FORM)

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D- MARTINEZ, LAZARO
1111 LINCOLN RD., STE. 804
MIAMI BCH FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
☐ Change ☐ Addition
Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☒ Addition
**PID
Humberto L. Irigoyen
7521 S.W. 133 Street
Miami FL 33156**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
☐ Change ☐ Addition

14. I 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)(g), 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 of this report, or on an attachment with an address.

SIGNATURE:

13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Humberto L. Irigoyen

7/7/95

205-534-4142