

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V34744** (5)

1. Corporation Name

TRITON REAL ESTATE, INC.



Principal Place of Business

**1185 MORSEILLE DR
STE 105
MIAMI BEACH FL 33141
US**

Mailing Address

**7521 SW 133RD ST
STE. 804
MIAMI FL 33156
US**

2. Principal Place of Business

2a. Mailing Address

21 **2121 S.W. 3rd AVE.**

26 **2121 S.W. 3rd 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 S.W. 133 STREET
MIAMI FL 33156**

3. Date Incorporated or Qualified

05/01/1992

3a. Date of Last Report

07/25/1995

4. FET Number

65-0342440

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

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

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 190.032,

Florida Statutes ☐ Yes ☐ No

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. 3rd AVE - #608

83

84 City **Miami**

FL

85 Zip Code **33129**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Registered Agent (if not the registered agent, then the registered agent's name)

Printed Name of Registered Agent (if not the registered agent, then the registered agent's name)

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **IROGOYEN, HUMBERTO L**
STREET ADDRESS **7521 SW 133RD ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME **IROGOYEN, HUMBERTO**
13 STREET ADDRESS **2121 S.W. 3rd AVE - #608**
14 CITY-ST-ZIP **Miami, FL 33129**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 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. Irogoyen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Registered Agent

CR2E034 (12/95)