

**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 FEB 24 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 324176 (7)  
1. Corporation Name

TRANSCON INTERNATIONAL CORP.

Principal Place of Business: 2901 s.w. 41 st. OCALA, FL. 34474  
Mailing Address: P.O. BOX 770415 OCALA, FL. 34477-0415

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1967  
3a. Date of Last Report: 01/19/1994  
4. FEI Number: 591205337  
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

2. Principal Place of Business: 21 2901 S.W. 41st ST. Suite, Apt. #, etc. 22 APT 1516 City & State 23 OCALA, FLORIDA Zip Country 24 34474 25 MARION  
2a. Mailing Address: 26 P.O. BOX 770415 Suite, Apt. #, etc. 27 City & State 28 OCALA, FLORIDA Zip Country 29 34477-0415 30 MARION

9. Name and Address of Current Registered Agent  
ECHEGARAY, OSCAR  
2901 S.W. 41 ST. APT. 1516  
OCALA, FL. 34474

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                           |
|----------------------------|---------------------------|
| TITLE                      | P/D                       |
| NAME                       | ECHEGARAY, OSCAR          |
| STREET ADDRESS             | 2901 S.W. 41 ST. APT.1516 |
| CITY-ST-ZIP                | OCALA, FL. 34474          |
| TITLE                      | D                         |
| NAME                       | CASAS, JUAN               |
| STREET ADDRESS             | 379 CARIBBEAN ROAD        |
| CITY-ST-ZIP                | KEY-BISCAYNE, FL-33149    |
| TITLE                      | VP/D                      |
| NAME                       | ECHEGARAY, OSCAR JR.      |
| STREET ADDRESS             | 6552 S.W. 132 CT. CIRCLE  |
| CITY-ST-ZIP                | MIAMI, FL. 33103          |
| TITLE                      | T                         |
| NAME                       | ECHEGARAY, ANA            |
| STREET ADDRESS             | 6552 S.W. 132 CT. CIRCLE  |
| CITY-ST-ZIP                | MIAMI, FL 33183           |
| TITLE                      |                           |
| NAME                       |                           |
| STREET ADDRESS             |                           |
| CITY-ST-ZIP                |                           |
| TITLE                      |                           |
| NAME                       |                           |
| STREET ADDRESS             |                           |
| CITY-ST-ZIP                |                           |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    | 300001417763  |
| 2.4 CITY-ST-ZIP                                       | -02/28/95--01118--024   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    | *****200.00 *****200.00   |
| 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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, even on attachment with an addressee.

SIGNATURE: Oscar EcheGARAY OSCAR ECHEGARAY FEB. 21 1995 (904) 237-7213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Initials) (Phone #)