

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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 5

3. Date Incorporated or Qualified 12/08/1967	3a. Date of Last Report 02/24/1995
4. FEI Number 59-1205337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. 13 Middle Ground Rd.	2a. Mailing Address
22. Ocala, FL.	27. City & State
23. 34482	28. Zip
24. 34482	29. Zip

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)	13 Middle Ground Rd.
83. City	Ocala
84. State	FL
85. Zip Code	34482

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHEGARAY, OSCAR	1.2 NAME	
STREET ADDRESS	2901 S.W. 41 ST. APT. 1516	1.3 STREET ADDRESS	13 Middle Ground Rd.
CITY- ST- ZIP	OCALA FL 34474	1.4 CITY- ST- ZIP	Ocala, FL. 34482
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAS, JUAN	2.2 NAME	
STREET ADDRESS	379 CARIBBEAN ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	KEY BISCAYNE FL	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHEGARAY, OSCAR JR.	3.2 NAME	
STREET ADDRESS	6552 SW 132ND CT. CIRCLE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	3.4 CITY- ST- ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHEGARAY, ANA	4.2 NAME	
STREET ADDRESS	6552 S.W. 132 CT. CIRCLE	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar EcheGARAY

PRESIDENT

01/17/96

(904) 237 7213

CR2E034 (12/95)