

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 # 546200 (7)
1. Corporation Name
TRANSAL CORPORATION



Principal Place of Business Mailing Address
2121 S.W. 3RD AVE., 8TH FLOOR 2121 S.W. 3RD AVE., 8TH FLOOR
MIAMI FL 33129 MIAMI FL 33129

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1977	3a. Date of Last Report 02/16/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1762984	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

POMA, EDUARDO
2121 S.W. THIRD AVENUE, SUITE 800
MIAMI FL 33129

10. Name and Address of New Registered Agent

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 board of directors

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIYARES, RAUL J.	1.2 NAME	
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	1.4 CITY-ST-ZIP	
TITLE	DPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITA, RODOLFO	2.2 NAME	
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMA, ERNESTO	3.2 NAME	
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMA, EDUARDO	4.2 NAME	
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOOR	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: RAUL J. MIYARES TREASURER 2/20/96 305-285-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)