

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

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:41

DOCUMENT # 670888 (7)  
1. Corporation Name  
**TRANS FIDUCIAIRE (U.S.A.), INC.**

Principal Place of Business Mailing Address  
1428 BRICKELL AVE., #105 MIAMI FL 33131  
1428 BRICKELL AVE., #105 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21  
2a. Mailing Address 26  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 05/22/1980 3a. Date of Last Report 02/10/1994  
4. FEI Number 59-2022676 Applied For Not Applicable  
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

9. Name and Address of Current Registered Agent  
**HALPRYN ERNEST M  
1428 BRICKELL AVE STE 105  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
b1 Name  
b2 Street Address (P.O. Box Number is Not Acceptable)  
b3  
b4 City FL b5 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) \_\_\_\_\_ (Name)  
Registered Agent (printed name of registered agent and Florida Agent) (NOTE: Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	DE VECCHI, JOHN
STREET ADDRESS	1428 BRICKELL AVE, STE 105
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	LABIANCA, PHILIP
STREET ADDRESS	1428 BRICKELL AVE, STE 105
CITY, ST, ZIP	MIAMI FL
TITLE	PS
NAME	WEISBERG, ALAN J.
STREET ADDRESS	290 NW 165 ST., PLAZA 700
CITY, ST, ZIP	MIAMI FL
TITLE	T
NAME	BRAUSE, STEVEN G
STREET ADDRESS	290 NW 165 ST., PLAZA 700
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 my name only. I am an officer or director of the corporation in the capacity of (indicate position) to execute this report as required by Chapter 167, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on any attachment with an address.

SIGNATURE: *Alan J. Weisberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ALAN JAY WEISBERG**

1/10/94 (305) 949-4955  
Date Telephone