

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 # **G50194** (1)

1. Corporation Name
TRANS-TECH-AG, CORP.



Principal Place of Business: **1451 W CYPRESS CREEK STE 211 FT. LAUDERDALE FL 33309 US**
Mailing Address: **PO BOX 5947 FT. LAUDERDALE FL 33310 US**

3. Date Incorporated or Qualified: **07/18/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2315461**
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 (21-24)
2a. Mailing Address (25-29)
22. Suite, Apt. #, etc. (22)
23. City & State (23)
24. Zip (24), Country (25)
26. Suite, Apt. #, etc. (26)
27. City & State (27)
28. Zip (28), Country (29)
29. Zip (29), Country (30)

9. Name and Address of Current Registered Agent
**SANTA MARIA, THOMAS F
20835 CONCORD GREEN
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent
81. Name: **Daina Michell**
82. Street Address (P.O. Box Number is Not Acceptable): **1331 N.E. 26 Ave**
83. City: **Pompano Beach**
84. City: **FL**, 85. Zip Code: **33062**

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: *Daina Michell* DATE: **5/6/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GERARDO, FRANCO	
STREET ADDRESS	8715-FIRST AVE. -227C	
CITY-ST-ZIP	SILVER SPRING MD 20910	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O NEIL, TRACEY	
STREET ADDRESS	5030 CHAMPION BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, SANTA MARIA	
STREET ADDRESS	20835 CONCORD GREEN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	Michell, Daina	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	Rafael Behar	
33. STREET ADDRESS	6900 Bay Dr. Apt 3-B	
34. CITY-ST-ZIP	Miami Beach, FL 33141	
41. TITLE	D,P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	Daina Michell	
43. STREET ADDRESS	1331 N.E. 26 Ave	
44. CITY-ST-ZIP	Pompano Beach, FL 33062	
51. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	J. L. Rodriguez	
53. STREET ADDRESS	1331 N.E. 26 Ave	
54. CITY-ST-ZIP	Pompano Beach, FL 33062	
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)(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: *Daina Michell* DATE: **5/6/96** DISTRICT PHONE #: **954 772-1771**

CR2E034 (12/95)