

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90100 011 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G50194

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

\$ 158.75



Principal Place of Business
 1451 W CYPRESS CREEK
 STE 100
 FT. LAUDERDALE FL 33309
 US

Mailing Address
 PO BOX 5947
 FT. LAUDERDALE FL 33310
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified
07/18/1983

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

MICHELL, DAINA
~~1331 NE 26 AVE~~
~~POMPANO BCH FL 33062~~

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2169 NE 63 Street
 83 Ft. Lauderdale,
 84 City **FL** 85 Zip Code **33308**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARDO, FRANCO	1.2 NAME	
STREET ADDRESS	8715-FIRST AVE. -227C	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20910	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O NEIL, TRACEY	2.2 NAME	
STREET ADDRESS	5030 CHAMPION BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHAR, RAFAEL	3.2 NAME	
STREET ADDRESS	6900 BAY DR., APT 3-B	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELL, DAINA	4.2 NAME	
STREET ADDRESS	1331 NE 26 AVE	4.3 STREET ADDRESS	2169 NE 63 Street
CITY-ST-ZIP	POMPANO BCH FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	DCEO <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, J. L	5.2 NAME	
STREET ADDRESS	1331 NE 26 AVE	5.3 STREET ADDRESS	2169 NE 63 Street
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *J. Luis Rodriguez* **3-3-99** **954 772 1771**
 _____ Date Daytime Phone #

CR2E034 (1/98)