FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005676 (1)**

1. Corporation Name

TRANSAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% TRANSAL CORP. 2121 S.W. 3RD AVE., ~~7TH FLOOR~~ MIAMI FL 33129	% TRANSAL CORP. 2121 S.W. 3RD AVE., ~~7TH FLOOR~~ MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1994**
3a. Date of Last Report:
4. FEI Number: [X] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: 8th Floor	Suite, Apt. #, etc. 27: 8th Floor
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: ERNESTO POMA
82 Street Address (P.O. Box Number is Not Acceptable): 2121 SW 3RD AVE - 8TH Floor
83
84 City: MIAMI FL 85 Zip Code: 33129

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: X _____ 4/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	[X] Change [ ] Addition
NAME	POMA, ERNESTO	12 NAME	
STREET ADDRESS	% 2121 S.W. 3RD AVE., 7TH FLOOR	13 STREET ADDRESS	2121 SW 3RD AVE, 8TH Floor
CITY-ST-ZIP	MIAMI FL 33129	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	[X] Change [ ] Addition
NAME	PITA, RODOLFO	22 NAME	
STREET ADDRESS	% 2121 S.W. 3RD AVE., 7TH FLOOR	23 STREET ADDRESS	2121 SW 3RD AVE 8TH Floor
CITY-ST-ZIP	MIAMI FL 33129	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	[X] Change [ ] Addition
NAME	MIYARES, RAUL	32 NAME	
STREET ADDRESS	% 2121 S.W. 3RD AVE., 7TH FLOOR	33 STREET ADDRESS	2121 SW 3RD AVE 8TH Floor
CITY-ST-ZIP	MIAMI FL 33129	34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an asterisk.

SIGNATURE: _____ 4/20/95 305-285-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR 1995