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FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P18989 (4)

1. Corporation Name
TRANS-RESOURCES, INC.



Principal Place of Business
9 W. 57TH ST
STE. 3900
NEW YORK NY 10019
US

Mailing Address
9 W 57TH ST
STE 3900
NEW YORK NY 10019-2701
US

3. Date Incorporated or Qualified 04/25/1988
3a. Date of Last Report 05/01/1996
4. FEI Number 36-2729497
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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

9. Name and Address of Current Registered Agent
UNITED CORPORATED SERVICES, INC.
801 NE 167TH ST., STE. 305
N. MIAMI BCH. FL 33182

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C GENGER, ARIE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9 W. 57TH ST., STE. 3900	1.2 NAME	
STREET ADDRESS	NEW YORK NY	1.3 STREET ADDRESS	
CITY - ST - ZIP	PD	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	HARDY, THOMAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9 W. 57TH ST., STE. 3900	2.2 NAME	
STREET ADDRESS	NEW YORK NY	2.3 STREET ADDRESS	
CITY - ST - ZIP	VT	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	YOUNER, LESTER W.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9 W. 57TH ST., STE. 3900	3.2 NAME	
STREET ADDRESS	NEW YORK NY	3.3 STREET ADDRESS	
CITY - ST - ZIP	S	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	WATROUS, PHILIP J.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9 W. 57TH ST., STE. 3900	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY - ST - ZIP	AS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ORAVEL, MICHAEL P	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9 W 57TH ST, STE3900	5.2 NAME	ORAVEL, MICHAEL P.
STREET ADDRESS	NEW YORK NY	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 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 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 in an attachment with an address.

SIGNATURE: M.P. ORAVEL, VICE-PRESIDENT 2/3/97 812-888-3044
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day (time) Phone # 0004220

CR2E034 (9/96)