

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -8 AM 10:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S87198 (5)

1. Corporation Name
TRAVERSSAY CORPORATION

Principal Place of Business 2000 S DIXIE HWY SUITE 100 MIAMI FL 33133	Mailing Address 2000 S DIXIE HWY SUITE 100 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 10/14/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2379692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing/Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 195.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ABBASSI, RAY
2000 S DIXIE HWY
STE 100
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE DVP	NAME ABBASSI, RAY	1.1 TITLE PRESIDENT, VICE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2000 S DIXIE HWY STE 2000	CITY-ST-ZIP MIAMI FL	1.2 NAME ABBASSI, RAY	
		1.3 STREET ADDRESS 2000 S. Dixie Hwy suite 100	
		1.4 CITY-ST-ZIP MIAMI FLA- 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS	NAME ABBASSI, RAY	2.1 TITLE Secretary, Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2000 S DIXIE HWY STE 100	CITY-ST-ZIP MIAMI FL	2.2 NAME ABBASSE, RAY	
		2.3 STREET ADDRESS 2000 S. Dixie Hwy # 100	
		2.4 CITY-ST-ZIP MIAMI-FLA 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 biennial 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 a trustee or trustor 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 appointed with an address.

SIGNATURE: _____ DATE: **7/28/95** (305) 285-0406

CR2E034 (3/95)