

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 # **V01047 (2)**

1. Corporation Name
TRANSACTA REALTY, INC.



Principal Place of Business: **2665 S. BAYSHORE DR. STE - 302 COCONUT GROVE FL 33133 US**
Mailing Address: **2665 S. BAYSHORE DR. STE - 302 COCONUT GROVE FL 33133 US**

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

3. Date Incorporated or Qualified: **12/18/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0301014**
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

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
%C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **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: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PIETRI, MARC	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 302	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MEUNIER, JEAN-MARC	
STREET ADDRESS	2665 SOUTH BAYSHORE DR, STE 302	
CITY - ST - ZIP	COCONUT GROVE FL 33133	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MUZI, RONALD C JR	
STREET ADDRESS	2665 S. BAYSHORE DRIVE SUITE 302	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, DANIEL A	
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 302	
CITY - ST - ZIP	COCONUT GROVE FL 33133	
TITLE		<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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eloy Carmona
3.3 STREET ADDRESS	2665 S Bayshore Dr Suite 302
3.4 CITY - ST - ZIP	Coconut Grove, FL 33133
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ST Andrew Kwiat
4.3 STREET ADDRESS	2665 S. Bayshore Dr Suite 302
4.4 CITY - ST - ZIP	Coconut Grove
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96 305 858 7779

CR2E034 (12/95)