


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

**APPROVED
AND
FILED**

1997 JUN 20 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33133-5402 US
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3. Date Incorporated or Qualified 12/18/1991	3a. Date of Last Report 05/29/1996
4. FEI Number 65-0301014	Applied For <input type="checkbox"/> 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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 type="checkbox"/> DELETE
NAME	ELOY CARMENATE	
STREET ADDRESS	2665 S BAYSHORE DRIVE, SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ANDREW KWAIT	
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL	
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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eric Fazilleau	
1.3 STREET ADDRESS	2665 S. Bayshore Dr Suite 302	
1.4 CITY-ST-ZIP	Coconut Grove FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

200002220782--1
-06/24/97--010007--006 Addition
*****550.00 *****550.00

4/28/97

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 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.

CR2E034 (9/96)