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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V01047

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/18/1991	Applied For Not Applicable
4. FEI Number 65-0301014	
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 **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

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	V	<input type="checkbox"/> DELETE
NAME	FAZILLEAN, ERIC	
STREET ADDRESS	2665 S. BAYSHORE DR., STE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FAZILLEAU, ERIC
1.3 STREET ADDRESS	2665 S Bayshore Drive Suite 302
1.4 CITY-ST-ZIP	Coconut Grove, FL 33133
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ST
2.3 STREET ADDRESS	KWAIAT, ANDREW
2.4 CITY-ST-ZIP	2665 S Bayshore Drive Suite 302 Coconut Grove, FL 33133
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

14. I 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, with all other like empowered.

SIGNATURE: Andrew Kwiat 3/10/99 305 858 7749
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)