

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 11:02

DOCUMENT # **V02995** (1)

1. Corporation Name  
**TRANPO TRADING, INC.**

Principal Place of Business <b>G/O A.G.C. CO. POST OFFICE BOX 112 ORLANDO FL 32802</b>	Mailing Address <b>G/O A.G.C. CO. POST OFFICE BOX 112 ORLANDO FL 32802</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 <b>2150 Brengle Ave.</b>		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>12/30/1991</b>	3a. Date of Last Report <b>04/29/1994</b>
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3102836</b>	Applied For Not Applicable
City & State 23 <b>Orlando, FL</b>		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24 <b>32808</b>	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent <b>A.G.C. CO. 2300 SUN BANK CENTER 200 S. ORANGE AVENUE ORLANDO FL 32802</b>				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>A.G.C. CO. 2300 SUN BANK CENTER 200 S. ORANGE AVENUE ORLANDO FL 32802</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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 D	NAME <b>OROPEZA, FRANK C.</b>	1.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2150 BRENGLE AVE.</b>	CITY - ST - ZIP <b>ORLANDO FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE D	NAME <b>OROPEZA, ANNE S.</b>	2.1 TITLE D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2150 BRENGLE AVE.</b>	CITY - ST - ZIP <b>ORLANDO FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE D	NAME <b>CIESLAK, RICHARD J.</b>	3.1 TITLE D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2150 BRENGLE AVE.</b>	CITY - ST - ZIP <b>ORLANDO FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE D	NAME <b>OROPEZA, FRANK W.</b>	4.1 TITLE D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2150 BRENGLE AVE.</b>	CITY - ST - ZIP <b>ORLANDO FL</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE D	NAME <b>DEVERALL, ROBERT M.</b>	5.1 TITLE D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2150 BRENGLE AVE.</b>	CITY - ST - ZIP <b>ORLANDO FL</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		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, or on an attachment with an address.

SIGNATURE: Richard J Cieslak 2-7-95 (407) 298-4563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BAKER  
&  
HOSTETLER**  
COUNSELLORS AT LAW

200 SOUTH ORANGE AVENUE • SUNBANK CENTER, SUITE 2300 • P.O. BOX 112 • ORLANDO, FLORIDA 32802-0112 • (407) 649-4000  
FAX (407) 841-0168  
WRITER'S DIRECT DIAL NUMBER (407) 649-4063

February 15, 1995

Division of Corporations  
Annual Reports Section  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Transpo Trading, Inc.  
Document #V02995

Dear Sir/Madam:

On behalf of the above-referenced corporation, enclosed are the 1995 Annual Report filing together with a check in the amount of \$208.75 for the filing fee and a Certificate of Status.

Should you have any questions or problems with the filing or Certificate of Status, please immediately contact this office at the above-referenced Orlando number. Thank you for your assistance in this matter.

Sincerely,

  
Robin K. Graham  
Legal Assistant

Enclosures

cc: Richard J. Cieslak

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