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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 323631

1. Corporation Name
TRANSCONEX INCORPORATED

Principal Place of Business

Mailing Address

3030 NW 74TH AVE.
MIAMI FL 33122

3000 NW 74TH AVE.
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1967

2. Principal Place of Business

21 1611 NW 82nd Avenue

2a. Mailing Address

26 1611 NW 82nd Avenue

4. FEI Number

59-1198716

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28 Miami, FL

Zip

Country

24 33126

25 USA

Zip

Country

29 33126

30 USA

9. Name and Address of Current Registered Agent

ROSA E CANALES
3000 N.W. 74TH AVE
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

Antonio Duen

82 Street Address (P.O. Box Number is Not Acceptable)

1611 NW 82nd Avenue

83

84 City

Miami, FL

FL

85 Zip Code
33126

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

Antonio Duen
Signature, typed or printed name of registered agent and title if applicable.

Antonio Duen
(NOTE: Registered Agent signature required when reinstating)

1-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME THOMPSON, KURT

STREET ADDRESS 21818 76TH AVE SOUTH

CITY-ST-ZIP KENT WA 98032

TITLE P ☐ DELETE

NAME LEPAGE, MATTHEW J

STREET ADDRESS 21818 76TH AVE SOUTH

CITY-ST-ZIP KENT WA 98032

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director and COO ☐ Change ☒ Addition

1.2 NAME Michael J. Schuller

1.3 STREET ADDRESS Road 190, Km. 1.8 Charlyn Ind. Park

1.4 CITY-ST-ZIP Carolina, PR 00983

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Michael J. Schuller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

(305) 592-0000

Date

Daytime Phone #