

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 # 324176 (7)

1. Corporation Name

TRANSCON INTERNATIONAL CORP

Principal Place of Business

2901 S.W. 41 ST.
OCALA FL 34474

Mailing Address

P.O. BOX 770415
OCALA FL 34477-0415
5



2. Principal Place of Business

21 13 Middle Ground Rd.

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Ocala, FL.

Zip

Country

24 34482

25

29

30

Country

9. Name and Address of Current Registered Agent

ECHEGARAY, OSCAR
2901 S.W. 41 ST. APT. 1516
OCALA FL 34474

3. Date Incorporated or Qualified

12/08/1967

3a. Date of Last Report

02/24/1995

4. FEI Number

59-1205337

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

13 Middle Ground Rd.

83

84 City

Ocala

FL

85 Zip Code

34482

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
ECHEGARAY, OSCAR
2901 S.W. 41 ST. APT. 1516
OCALA FL 34474

TITLE ☐ DELETE

NAME
D
CASAS, JUAN
379 CARIBBEAN ROAD
KEY BISCAYNE FL

TITLE ☐ DELETE

NAME
VD
ECHEGARAY, OSCAR JR.
6552 SW 132ND CT. CIRCLE
MIAMI FL

TITLE ☐ DELETE

NAME
T
ECHEGARAY, ANA
6552 S.W. 132 CT. CIRCLE
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

01/17/96

(904) 237 7273

CR2E034 (12/95)