

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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3. Date Incorporated or Qualified
12/08/1967

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

21 13 MIDDLE GROUND RD.

Suite, Apt. #, etc.

22 City & State
OCALA FL

23 Zip
34482

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

ECHEGARAY, OSCAR
13 MIDDLE GROUND RD
OCALA FL 34482

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

Signature of either principal officer or registered agent and the Corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ECHEGARAY, OSCAR
STREET ADDRESS 2901 S.W. 41 ST. APT. 1516
CITY - ST - ZIP Ocala FL 34474

DELETE

TITLE D
NAME CASAS, JUAN
STREET ADDRESS 379 CARIBBEAN ROAD
CITY - ST - ZIP KEY BISCAYNE FL

DELETE

TITLE VD
NAME ECHEGARAY, OSCAR JR.
STREET ADDRESS 6552 SW 132ND CT. CIRCLE
CITY - ST - ZIP MIAMI FL

DELETE

TITLE T
NAME ECHEGARAY, ANA
STREET ADDRESS 6552 S.W. 132 CT. CIRCLE
CITY - ST - ZIP MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar EcheGARAY

01/09/99

(352) 237 7273

CR2E034 (9/96)