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

FILED Mar 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 584703 (3)TRANS-AMERICAN IMPORT & EXPORT, CORP. Principal Place of Business Mailing Address 4150 N.W. 7 ST. 4150 N.W. 7 ST. SUITE 200 SUITE 200 DO NOT WRITE IN THIS SPACE MIAMI FL 33128 MIAMI FL 33128 3. Date Incorporated or Qualified 09/11/1978 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1868217 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & Stale City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOREJON, AIDA 4150 N.W. 7TH STREET, SUITE #200 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33126** 83 84 City 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, typod or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1 1 TITLE TITLE PEREZ, ROGER NAME 1.2 NAME 4150 NW 7 ST 200 1.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 CITY - ST- ZIP 1.4 CITY-ST-ZIP DELETE Change __ Addition TITLE 2.1 TITLE MOREJON, AIDA NAME 2.2 NAME 4150 NW 7 ST 200 STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ___ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE NAME 5.2 NAME

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 br Block 13 if changed or on an interhinent with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITL€

6.2 NAME

SIGNATURE:

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

3/20/98

Change

Addition