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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08125

(9)

TRANS-AMERICA HOLDING CORPORATION

FILED
Apr 10 1997 8:00am
Secretary of State



Principal Place	Mailing Add	Mailing Address 2699 SOUTH BAYSHORE DR #3000 C/O JEFFREY E. LEHRMAN MIAMI FL 33133-5492				1 1891/189 (1)( \$9191 1919) 1919) 1939 91)( \$(4)( B184 6191) \$(4)( B184 1919)					
2699 SOUTH BAYSHORE DR #3000 C/O JEFFREY E. LEHRMAN MIAMI FL 33133											C/O JEFFRE
	•							Date Incorporated or Qualified 12/08/1980		ate of Last F 15/1996	Report
2. Principal Pla 21	ace of Business	2a. Mailing	Address				4.	, FEI Number <b>65-0055606</b>		ļ	pplied For ot Applicable
Suite, Apt a	¥, etc		pl. #, etc.			<del></del>	1_	0-45			Additional
22		27					Б.	, Certificate of Status Desired	L	Fee R	berlupet
City & State	!	City & S	itate				6.	. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added	to Fees
<i>Z</i> ip	Country	Zip		Counti	гy		8.	. This corporation has liability for			s. 199.032,
24	25	29		30			<u> </u>		Yes [		
I ff. If	g, Name and Address of Curr	ent Hegistered Ag	ent	8	न	Name	10.	Name and Address of New Re	gistered	Agent	
	RMAN, JEFFREY E.			Ľ	1						
2099 MIAN	SOUTH BAYSHORE DRIVE			8:	2	Street Addre	ess (P	P.O. Box Number is Not Acceptal	ole)		
MIN	II TL			8:	3			· · · · · · · · · · · · · · · · · · ·			
				"	٦						
				- B	4	City			FL	<b>85</b> Zip	Code
44 Parousant	o the provisions of Sections 607.0	ED2 and ED7 1500	Élacida Statut	top the obe	Ť	named sore	oratio	an submite this statement for the		Labanaina	ite registered
office or re	egistered agent, or both, in the Sta n familiar with, and accept the obt	ate of Florida, Such	change was	authorized t	by	the corporation	ion's t	board of directors. I hereby acce	pt the app	changing cointment as	s registered
agent. Lar	n familiar with, and accept the ob-	ligations of, Section	607.0505, FI	lorida Statuti	es.	•					
SIGNATURE	Signetine typed or printed name of registered	each and take if angle this	(N/)	TE: Basislared A		nt signature require	ad when	on salaslation)	DATE		
12.		AND DIRECTORS	. (10)	13.		in bignatore redone		ADDITIONS/CHANGES TO OFFI		DIRECTO	BS IN 12
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NAME	LEHRMAN, JEFFREY S			1.2 NAME						_ •	
STREET ADDRESS	2699 S BAYSHORE DR					ADDRESS					
CITY-ST ZIP	MIAMI, FL 00000			1.4 CITY		1					
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NAME.				2.2 NAME	Ε	}					
STREET ADDRESS				2.3 STRE	ET /	ADDRESS					
CITY-ST-ZIP				2. 4 CITY	- \$1	IT-ZIP					
TrTLE			DELETE	3.1 TITLE						Change	Addition
NAME				3 2 NAM	£			*			
STREET ADDRESS				3.3 STRE	et #	ADDRESS					
CITY-\$1-7IP				3.4. CITY		T-ZIP					
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NAME				4. 2 NAM	!E						
STREET ADDRESS				4.3 STRE	ET /	ADDRESS					
CITY+ST-ZIP				4.4 CITY	- <b>S</b> T	1-2IP		· · · · · · · · · · · · · · · · · · ·			
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NAME				5.2 NAM							
STREET ADDRESS				5.3 STRE	ET #	ADDRESS					
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TITLE		į.	DELETE	6.1 TITLE						Change	Addition
NAME				6.2 NAMI		ļ					
STREET ADDRESS				•		ADDRESS					
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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 cooporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 305-8564845