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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 PM 3:02

DOCUMENT # **F48231** (7)

1. Corporation Name  
**TRANS-GROUP UNLIMITED, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**2436 SW 8TH STREET  
700 SW 36 AVENUE  
MIAMI FL 33135**

Mailing Address  
**2436 SW 8TH STREET  
700 SW 36 AVENUE  
MIAMI FL 33135**

3. Date Incorporated or Qualified **09/17/1981** 3a. Date of Last Report **04/06/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2324474** Applied For Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23. City & State 28. City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24. Zip Country 29. Zip Country 30. Zip Country

8. This corporation has liability of intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALLS, JR. FELIPE  
700 SW 36 AVE  
MIAMI FL 33135**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT**  
NAME **VALLS, FELIPE, SR.**  
STREET ADDRESS **700 SW 36 AVENUE**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **DS**  
NAME **VALLS, FELIPE, JR.**  
STREET ADDRESS **700 SW 36 AVENUE**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(3)(b), 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: PRESIDENT 1/13/95 (305)446-4916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FELIPE A. VALLS, SR.**