## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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F95000004162 (2) DOCUMENT #
1. Corporation Name

TRANSCHEM FINANCE & TRADE CORP.



Principal Place of Business Mailing Address				II GOTII BANK OOKI OKOO	NIBER DEELD HUR INDA			
1717 N. BAYSHORE DR. THE GRAND - SUITE 2000 MIAMI FL 33132		1717 N. BAYSHORE	1717 N. BAYSHORE DR. THE GRAND - SUITE 2000					
					<ol> <li>Date Incorporated or Qualified 08/25/1995</li> </ol>	3a. Date of Last	Report	
2. Principal Place	ce of Business	2a. Mailing Address			4. FEI Number 65-0548270		Applied For	
Suite, Apt. #,	elc	Suite, Apt. #, etc.			03 0340270		Not Applicable	
22		27			5. Certificate of Status Desired	1 1	5 Additional Required	
City & State		City & State			6. Election Campaign Financing	\$5	00 May Be	
23		28			Trust Fund Contribution	Add	ed to Fees	
Zip 24	Country 25	Zip 29	Gount 30	У	8. This corporation has liability for i		s 199.032,	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Agent		
			8	Name RT	CHARD M. MALCY			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			8	Street Add	cdross (P.O. Box Number is Not Acceptable) 717 N. BAYSHORE DRIVE			
PLANTA	TION FL 33324		8	3	E GRAND - SUITE 2			
			8	'M14	AMI		33132	
11. Pursuant to	the provisions of Sections 607.050 Transport of both, in the State of Po	22 er d. 07,1508, Florida Statut	es, the above	named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its	registered office	
lamiliar with		origa: Auc. Znange was authoriz y 60, 0505, Florida Statutes	zed by the cor s.	poration's boa	rd of directors. I hereby accept the appo	ointment as registere	d agent. I am	
SIGNATURE.	(Muchael (M)				LCY, CONTROLLER	7/26/98		
12.	alun typed or printed have of registered age			ent signorure require		DATE.		
TITLE	OFFICERS A	ND DIRECTORS	13.	т	ADDITIONS/CHANGES TO OFFI			
NAME	KAPLAN, IAN					☐ Change	Addition	
STREET ADDRESS	1717 N. BAYSHORE DR.,	THE GRAND-STE. 2000	1.2 NAME	1 ADDRESS				
CITY - ST - ZIP	MIAMI FL 33132		1.4 CITY-					
TITLE	CV	☐ DELETE	2 1 7111.1			Change	Addition	
NAME	KAPLAN, HOWARD		2.2 NAME	1				
STREET ADDRESS	1717 N. BAYSHORE DR., 1	THE GRAND-STE. 2000	23 STREE	I ADDRESS				
CITY-ST-ZIP	MIAMI FL 33132		2 4 CHTY-					
TITLE	THE PARTY OF THE P	DELETE	3 1 11116			☐ Change	Addition	
NAME			3.2 NAME			•		
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-7:P		177.17.14.14.14.1	3.4 CITY	ST - ZIP				
TITLE		DELETE	4. 1 TITLE			☐ Change	☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			43 STREE	T ADURESS				
CITY-ST-ZIP			4.4 CHY-					
TITLE		DELETE	5 1 THILE			☐ Change	☐ Addition	
NAME			5.2 NAME			1		
STREET ADDRESS			53 STREE	T ADDRESS				
CITY-ST-ZIP TITLE		ET DELETE	5.4 CiTY-					
NAME		☐ DELETE	6. 1 TITLE			Change	Addition	
1			6.2 NAME					
STREET ADDRESS		STREET STREET STREET		T ADDRESS				
14. Ldo hereby	certify that the information sublice	with this fitner is welcontarily force	6 4 CITY-		or the exponential stated in Castle 440.6	22000 Et. 11 A		
certify that to oath; that I a	he information indicated in this and am an officer or director of the corp Block 12 or Block 13 if changed, or	nual report or sippliernental ann poration of the riceiver of the	ual report is to e em lowere	ue and accurat	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flo	same legal effect as:	if made under	

SIGNATURE:

IAN KAPLAN OF SIGNING OFFICER OR DIRECTOR