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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90049 011 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000005421

1. Corporation Name

TRANS OCCIDENTAL DE REPRESENTACIONES INCORPORATE  
D

Principal Place of Business  
CALLE CUZICATLAN #226  
COLONIA ESCALON  
SAN SALVADOR, EL SAVADOR

Mailing Address  
CALLE CUZICATLAN #226  
COLONIA ESCALON  
SAN SALVADOR, EL SAVADOR

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

52-1953632

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 c/o John C. Bierley  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2939  
Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

24 33601

25 USA

27 City & State

28

29

30

9. Name and Address of Current Registered Agent

BIERLEY, JOHN C

~~111 E. MADISON ST., STE 2300~~

~~TAMPA FL 33617~~

10. Name and Address of New Registered Agent

81 Name John C. Bierley

82 Street Address (P.O. Box Number is Not Acceptable)  
100 North TAMPA ST.

83 Suite 2120

84 City Tampa

85 Zip Code FL 33602

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

John C. BIERLEY

4-12-99

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE  
NAME PANAMA, CARLOS A  
STREET ADDRESS CALLE CUZICATLAN #226  
CITY-ST-ZIP COLONIA ESCALON

TITLE VD ☐ DELETE  
NAME PANAMA, GABRIEL A  
STREET ADDRESS CALLE CUZICATLAN #226  
CITY-ST-ZIP COLONIA ESCALON

TITLE SD ☐ DELETE  
NAME PANAMA, SONIA R  
STREET ADDRESS CALLE CUZICATLAN #226  
CITY-ST-ZIP COLONIA ESCALON

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.073(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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Panama,

President

Date

Daytime Phone

4/1/99

813-226-1875

CR2E034 (11/98)

0001119