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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

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05-06-1999 90123 044 ***150.00

DOCUMENT # F9700002017

1. Corporation Name

TRANSRAIL SALES, INC.

	·								
Principal Plac	ce of Business	Ma	ailing Address				I SATISE IN THE LACK AND SALE	(1997)	
7100 WEST CAMINO REAL BLVD			7100 WEST CAMINO REAL BLVD						
SUITE 206 SUITE			JITE 206				50 NOT MOTE ***	1110 00405	
BOCA RATON FL 33433 BOCA RATON FL 33433							DO NOT WRITE IN T	HIS SPACE	
							3. Date Incorporated or Qualifed 04/17/1997		
2 Principal F	Place of Business	22	Mailing Address				4. FEI Number		Applied For
	-lace of Dusiness	26	97 McKee Dr	ive			11-3235239	⊢	Not Applicable
Suite, Apt.	# atc	20	Suite, Apt. #, etc.				_		Additional
22		27					5. Certificate of Status Desired	Fee 1	Required
City & Star	ite · ·	21	City & State				6. Election Campaign Financing	\$5.0	May Be
23		28	Mahwah, NJ				Trust Fund Contribution		d to Fees
Zip	Country	201	Zíp	Cou	untry		8. This corporation owes the current year	r Intangible	
24	25	29	07430	30	•		Personal Property Tax.	☐Yes	□No
24]	9. Name and Address of Curr			1001	Γ		10. Name and Address of New Registe	red Agent	
					81	Name			
PRO	OVENZANO, GARY				100	Chart Add	room (D.O. Boy Number is Not Assentable)		
7100 WEST CAMINO REAL BLVD., SUITE 206					82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33433				83				
	•								
					84	City	1	FI 85 Zip	Code
office or i	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florio gations of	la. Such change was a Section 607.0505, Flo	authorized orida Stat	d by th tutes.	he corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as	registered
	Signature, typed or printed name of registered a	•				signature require	ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		TODS IN 12
12.	OFFICERS .	AND DIRE	☐ DELETE	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIREC	
TITLE	PTCD							☐ Chang	e I I Addition
NAME			C. DELETE					Chang	e
	STERFF, ROBERT	01 1504	C. Derese	1.2 N	AME			☐ Chang	e ∐ Addition
STREET ADDRESS	1-3 OHM STRABE, HOLZKIR	CHEN	C perese	1.2 N 1.3 S	AME TREET	ADDRESS		☐ Chang	e ∐ Addition
CITY-ST-ZIP	1-3 OHM STRABE, HOLZKIR GERMANY 83607	CHEN		1.2 N 1.3 S 1.4 C	AME TREET A				
1	s 1-3 OHM STRABE, HOLZKIR GERMANY 83607 VVC	CHEN	X DELETE	1.2 N 1.3 S 1.4 C 2.1 Ti	IAME TREET # SITY-ST- TILE			☐ Chang	
CITY-ST-ZIP	s 1-3 OHM STRABE, HOLZKIR GERMANY 83607 VVC PROVENZANO, GARY		⊠ DELETE	1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	IAME TREET A SITY-ST- STLE IAME	ZIP			
CITY-ST-ZIP	S 1-3 OHM STRABE, HOLZKIR GERMANY 83607 VVC PROVENZANO, GARY 5 7100 WEST CAMINO REAL I		⊠ DELETE	1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	TREET A	ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	s 1-3 OHM STRABE, HOLZKIR GERMANY 83607 VVC PROVENZANO, GARY 5 7100 WEST CAMINO REAL I BOCA RATON FL 33433		X DELETE	1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	TREET A	ADDRESS		☐ Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	s 1-3 OHM STRABE, HOLZKIR GERMANY 83607 VVC PROVENZANO, GARY 5 7100 WEST CAMINO REAL I BOCA RATON FL 33433 SD		⊠ DELETE	1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C	TREET A SITY-ST- SITLE LAME SITREET A SITY-ST- SITLE	ADDRESS			e Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S 1-3 OHM STRABE, HOLZKIR GERMANY 83607 VVC PROVENZANO, GARY 7100 WEST CAMINO REAL E BOCA RATON FL 33433 SD LEVIN, LEONARD 330 MADISON AVENUE NEW YORK NY 10017		ITE 206	12 N 13 S 14 C 21 T 22 N 23 S 24 C 31 T 32 N 33 S 34 C 41 T 4 2 N	AME TREET A TILE TREET A	ADDRESS -ZIP ADDRESS -ZIP T ADDRESS -ZIP T ADDRESS -ZIP ADDRESS	Nuss, Volker G. 97 McKee Drive	☐ Chang	e Addition Addition
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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 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2018289804