## 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

1996

MENT # **G50194** 

(1)

DOCUMENT #

1. Corporation Name

TRANS-TECH-AG, CORP.

| Principal Place of  | of Business  | ŀ   | Mailing Address                         |  |  | 1  |              |                             |  |  |
|---|--|---|---|--|--|--|--------------|-----------------------------|--|--|
| 1451 W CYPR   | ess creek  |   | PO BOX 5947                             |  |  |  |              |                             |  |  |
| STE 211   | ALE EL 20200   |   | FT. LAUDERDALE F                        | L 33310  |  |  |              |                             |  |  |
| FT. LAUDERDALE FL 33309 US US   |  |   | US                                      |  |  | 3. Date Incorporated or Qualified  |              | 3a. Date of Last Report     |  |  |
| 00  |  |   |   |  |  | 07/18/1983   | 05           | /01/19                      | 95                                     |  |
| 2. Principal Plac   | ce of Business   | 2   | a. Mailing Address                      |  |  | 4. FEI Number  |              |                             | Applied For                            |  |
| 1   |  | 26  | .1                                      |  |  | 59-2315461   |              |                             | Not Applicable                         |  |
| Suite, Apt. #   | , etc.   | 27  | Suite, Apt. #, etc.                     |  |  | 5. Certificate of Status Desired   | 风            |                             | Additional<br>Required                 |  |
| City & State  |  | 28  | City & State                            |  |  | Election Campaign Financing     Trust Fund Contribution  |              |                             | O May Be<br>d to Fees                  |  |
| Zip   | Country  |   | Zip                                     | Coun   | ntry   | 8. This corporation has liability for i  | ntangible ta | cunder s                    | 199.032,                               |  |
|   | 25   | 29  |   | 30   |  | Florida Statutes   | Mo           |                             |  |  |
|   | 9. Name and Addres   | s of Current Reg  | istered Agent                           |  |  | 10. Name and Address of New R  | egistered A  | \gent                       |  |  |
|   |  |   |   |  | <sup>81</sup> Name Da  | ina Michell  |              |                             |  |  |
|   | AARIA, THOMAS F  |   |   | ļ.   | 82 Street Add  | iress (P.O. Box Number is Not Acceptab   | ie)          |                             |  |  |
| 20835 CONCORD GREEN   |  |   | <del></del>                             |  |  | t Address (P.O. Box Number is Not Acceptable)<br>1331 N.E. 26 Ave  |              |                             |  |  |
| BOCA R  | ATON FL 33434  |   |   |  | Por  | mpano Beach  |              |                             |  |  |
|   |  |   |   |  | 84 City  |  |              | 85 3                        | 3062                                   |  |
|   |  |   |   |  |  | oration submits this statement for the pur<br>and of directors. I heroby accept the appr   | <u>FL</u>    |                             |  |  |
| _   | J-0-1  | Lichal  | '()                                     |  |  | 5  | 16 196       | 9                           |  |  |
|   | Signature: typed or printed null +c of   | igsteet ajid haist ste<br>BICERS AND DIRI                 |   |  | Agent Signatury (exp.)   |  | ICERS AND    | DIRECTO                     | DRS IN 12                              |  |
| 12.   |  | gswetajotaotsir<br>RICERS AND DIR                         |   | #NOTE Registered / 13.   |  | ADD/TIONS/CHANGES TO OFF   | *****        | DIRECTO                     | DRS IN 12                              |  |
| 12.   | OF<br>D  | RICERS AND DIR  | LCTORS                                  | 13.  | *LE  |  | *****        |                             |  |  |
| 12.<br>TITLE<br>NAME  | OF   | CERS AND DIR  | LCTORS                                  | 13.<br>1 1 TI <sup>2</sup><br>1 2 NA   | *LE  |  | *****        |                             |  |  |
| 12. TITLE NAME STREET ADDRESS   | D<br>Gerardo, Franc  | CO<br>227C  | LCTORS                                  | 13.<br>1 1 III<br>12 NAI<br>13 ST  | <sup>7</sup> LF<br>ME  |  | *****        |                             |  |  |
| 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP   | D<br>GERARDO, FRANC<br>8715-FIRST AVE  | CO<br>227C  | LCTORS                                  | 13.<br>1 1 III<br>12 NAI<br>13 ST  | TLE ME REET ADDRESS IY-S1-ZIP  |  |              |                             |  |  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | D<br>GERARDO, FRANC<br>8715-FIRST AVE<br>SILVER SPRING M   | CO<br>227C  | ECTORS  DELETE                          | 13.<br>1 1 TF<br>12 NAI<br>13 STF<br>14 CIT  | TLE ME REET AGORESS IY-SI-ZIP ILE  |  |              | Change                      | Addition                               |  |
| 12. TITLE NAME STREET ACORESS CITY-ST-ZIP TITLE NAME  | D GERARDO, FRANC 8715-FIRST AVE SILVER SPRING M D O NEIL, TRACEY 5030 CHAMPION I   | CERS AND DIR<br>0<br>227C<br>D 20910                      | ECTORS  DELETE                          | 13.<br>1 1 TI <sup>2</sup><br>12 NA<br>13 STF<br>1 4 CII<br>2 1 TU   | TLE ME REET AGORESS IY-SI-ZIP ILE  |  |              | Change                      | Addition                               |  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | D GERARDO, FRANC 8715-FIRST AVE SILVER SPRING M D O NEIL, TRACEY 5030 CHAMPION I BOCA RATON FL   | CERS AND DIR<br>0<br>227C<br>D 20910                      | ECTORS  DELETE  DELETE                  | 13.<br>1 1 TI<br>1 2 NA<br>1 3 SIF<br>1 4 CIT<br>2 1 TI<br>2 2 NA<br>2 3 SIF   | ME REEL AGORESS LY-S1-ZIP LLE  |  | C            | Change Change               | Addition                               |  |
| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | D<br>GERARDO, FRANC<br>8715-FIRST AVE<br>SILVER SPRING M<br>D<br>O NEIL, TRACEY<br>5030 CHAMPION I<br>BOCA RATON FL                        | CERS AND DIR<br>0<br>227C<br>D 20910                      | ECTORS  DELETE                          | 13.<br>1 1 TI<br>1 2 NA<br>1 3 SIF<br>1 4 CIT<br>2 1 TI<br>2 2 NA<br>2 3 SIF   | PLE ME ME MEEL ADDRESS IY - S1 - ZIP THE MEEL ADDRESS IY - S1 - ZIP THE THE THE THE  | ADD:TIONS CHANGES TO OFF   | C            | Change                      | Addition                               |  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADCRESS CITY-ST-ZIP   | D GERARDO, FRANC 8715-FIRST AVE SILVER SPRING M D O NEIL, TRACEY 5030 CHAMPION I BOCA RATON FL DP THOMAS, SANTA                            | CERS AND DIR<br>227C<br>D 20910<br>BLVD                   | ECTORS  DELETE  DELETE                  | 13. 1 1 11' 1 2 NA 1 3 SIF 1 4 CIT 2 1 1() 2 2 NA 2 3 SIF 2 4 CIT 3 1 T' 3 2 NA  | ME ME ME ME ME ME ME ME ME LY-S1-ZIP LE ME ME ME ME ME ME LY-S1-ZIP LI ME  | ADDITIONS CHANGES TO OFF  D  Rafael Behar  | C            | Change Change               | Addition                               |  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADCRESS CITY-ST-ZIP TITLE   | D GERARDO, FRANC 8715-FIRST AVE SILVER SPRING M D O NEIL, TRACEY 5030 CHAMPION I BOCA RATON FL DP THOMAS, SANTA 20835 CONCORD,             | CERS AND DIR<br>227C<br>D 20910<br>BLVD                   | ECTORS  DELETE  DELETE                  | 13. 1 1 11' 12 NA 1 3 SIE 14 CIT 2 1 NI 22 NA 23 SIE 24 CIT 3 1 T' 32 NA 33 SI   | ME ME ME ME ME ME ME ME ME MY-S1-ZIP THE MY ME   | D<br>Rafael Behar<br>6900 Bay Dr. Apt 3-B  | C            | Change Change               | Addition                               |  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D GERARDO, FRANC 8715-FIRST AVE SILVER SPRING M D O NEIL, TRACEY 5030 CHAMPION I BOCA RATON FL DP THOMAS, SANTA                            | CERS AND DIR<br>227C<br>D 20910<br>BLVD                   | ECTORS  DELETE  DELETE                  | 13. 1 1 11' 12 NA 1 3 SIE 14 CIT 2 1 NI 22 NA 23 SIE 24 CIT 3 1 T' 32 NA 33 SI   | ME M   | D<br>Rafael Behar<br>6900 Bay Dr. Apt 3-B<br>Miami Beach, FL 3314  |              | Change Change               | Addition  Addition                     |  |
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SIGNATURE:

GNATURE AND TYPED OF PRINTE NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96

954 772-1771

Exytine Phone #