**FILED** 

May 06, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G51685

1, Corporation Name

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TRANS-GLOBE REAL ESTATE INVESTMENT CORPORATION

									//		
Principal Place of Business Mailing Address											
8861 SW 6TH ST 8861 SW 6TH ST											
MIAMI FL 33174 MIAMI FL 33174							DO NOT WRITE IN THIS SPACE				
1						3.	Date Incorporated or Qualifed				
}							07/21/1983				
2 Principal P	ace of Business	2a. Mailing Addres				4.	FEI Number		Apr	lied For	
21	200 01 200000	26				"	59-2335241			Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.						\$8.75 A	dditional	
22	, 5.0.	27				5.	Certificate of Status Desired	×	Fee Rec		
City & Stat	9	City & State				- 6	6. Election Campaign Financing \$5.00 May Be				
23		28	<b>⊢</b> '			"	Trust Fund Contribution Added to Fees				
Zip Country Zip			Country			8	8. This corporation owes the current year Intangible				
24	25	29	30			0.	Personal Property Tax.	,		□No	
	9 Name and Address of Curr		11_	T	-	10. Name and Address of New Registered Agent					
				81	Name						
LINARES, JORGE				82	D1	in	dress (P.O. Box Number is Not Acceptable)				
8861 S.W. 6TH STREET			02	Street Ad	idress (r	.O. Box Number is Not Accept	3016)				
MIAMI FL 33174				83							
!											
					City	<b>                                      </b>					
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change	e was authorize	ed by	the corpora	orporation ation's bo	n submits this statement for the pard of directors. I hereby acce	purpose of pt the appo	i changing its r intment as reg	registered istered	
SIGNATURE			_								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				red Agent signature required when reinstating)  DATE							
12.		AND DIRECTORS	13				ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	Addition	
TITLE	UF "		1,1 TITLE					☐ Criange			
NAME	LINARES, JORGE		1.2	NAME	l l						
STREET ADDRESS	DOX 110001, 141			STREE	TADDRESS						
CITY-ST-ZIP	CORAL GABLES, FL 00000			CITY-S	T-ZIP						
TITLE		☐ DEL	.ETE 2.1	TITLE					Change	☐ Addition	
NAME			2.2	NAME	Ì						
STREET ADDRESS			2.3	STREE	TADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE		☐ DEL	.ETE 3,1	TITLE					☐ Change	☐ Addition	
NAME			3.2	NAME						ĺ	
STREET ADDRESS			3.3	STREE	T ADDRESS						
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP						
TITLE		☐ DE(	ETE 4.1	TITLE					Change	☐ Addition	

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 attackment with an address, with all other like empowered. (305)262-2753

4,3 STREET ADDRESS

5,3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

Linares (president) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

April 27,1999 (305)559-5014

Daytime Phone #

☐ Change

Change

Addition

Addition