FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J45291** **(8)**

1. Corporate Name
TRANSUN, INC.

Principal Place of Business	Mailing Address
% ALEJANDRO ACOSTA 12060 NW S. RIVER DR MEDLEY FL 33178	% ALEJANDRO ACOSTA 12060 NW S. RIVER DR MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/04/1986**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0139749**	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 has/will be engaging in business in Florida Internet. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
ZIP 24 / County 25	ZIP 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ACOSTA, ALEJANDRO 12060 NW S. RIVER DR MEDLEY FL 33178	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, 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. Service 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITIONAL CHANGES (Please Type or Print)
D ACOSTA, ALEJANDRO 12060 NW S. RIVER DR MEDLEY FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing complies with the requirements of Section 607.0501, Florida Statutes. I/We further certify that the information indicated on this 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.

SIGNATURE: ALEJANDRO ACOSTA. 4/25/95 (305) 822-7231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0430737 FP