

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

FILED

Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J94316** (3)

1. Corporation Name
TRANS-CARVAL, INC.

Principal Place of Business

6005 NW 82 AVE
STE 33
MIAMI FL 33166
US

Mailing Address

6005 NW 82 AVE
#35
MIAMI FL 33166-2783
US



2. Principal Place of Business

21 **10935 NW 29 St.**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI FL**

Zip

24 **33172**

Country

25 **US**

2a. Mailing Address

26 **999 Ponce De Leon Blvd.**

Suite, Apt. #, etc.

27 **Suite 705**

City & State

28 **Coral Gables, FL**

Zip

29 **33134**

Country

30 **USA**

3. Date Incorporated or Qualified

09/22/1987

3a. Date of Last Report

05/31/1996

4. FEI Number

65-0099308

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 liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MADRINAN, JAIME A.
6005 NW 82 AVE.
#35
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
Miriam De Toro, CPA
 82 Street Address (P.O. Box Number is Not Acceptable)
999 Ponce De Leon Blvd., Suite 705
 83
 84 City
Coral Gables **FL** 85 Zip Code
33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1.30.97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VELEZ, JULIO	
STREET ADDRESS	CARRERA 1 #58-41	
CITY - ST - ZIP	CAI CO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MADRINAN, JAIME A.	
STREET ADDRESS	1450 S BAYSHORE DR #1508	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOMEZ, JOSE GUILLERMO	
STREET ADDRESS	CALLE 83 NO. 19-35	
CITY - ST - ZIP	BOGOTA, COLOMBIA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	CARRERA 1 #58-41
2.4 CITY - ST - ZIP	CAI, COLOMBIA
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/97 (305) 477-3953

CR2E034 (9/96)