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Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K68407

(1)

1. Corporation Name  
TRANESS, INC.

Principal Place of Business

1655 W FLAGLER ST  
MIAMI FL 33135  
US

Mailing Address

7801 N.W. 37TH STREET  
MIAMI FL 33166-6503  
US

3. Date Incorporated or Qualified 02/24/1989  
3a. Date of Last Report 03/04/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 7801 N.W. 37th Street		65-0129211		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 MIAMI, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 33166-6559		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BEFELER, GEORGE  
MUSEUM TOWER STE 2701  
150 WEST FLAGLER STREET  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	SOL, ROBERT R.	1.2 NAME	SOL, ROBERTO R.
STREET ADDRESS	7801 NW 37TH STREET	1.3 STREET ADDRESS	7801 N.W. 37th Street
CITY-ST-ZIP	MIAMI FL 59	1.4 CITY-ST-ZIP	MIAMI, FL 33166-6559
TITLE	P	2.1 TITLE	P
NAME	GUZMAN, HECTOR	2.2 NAME	GUZMAN, HECTOR J.
STREET ADDRESS	2898 NW 79TH AVE	2.3 STREET ADDRESS	7801 N.W. 37th Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33166-6559
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplementary 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 a 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

03/04/97 (305) 592-0839

Date Daytime Phone #

CR2E034 (9/96)