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

SIGNATURE:

FILED PROFIT FLORIDA DEPARTMENT OF STATE May 13 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS POCUMENT # (1)TRANESS, INC. Principal Place of Business Mailing Address 1655 W FLAGLER ST 7901 NW 37TH ST MIAMI FL 33135 MIAMI FL 33166-6559 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1989 2. Principal Place of Business Mailing Address Applied For 21 26 65-0129211 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Befeler. George MUSEUM TOWER STE 2701 Street Address (P.O. Box Number is Not Acceptable) R2 150 WEST FLAGLER STREET 83 MIAMI FL 33130 84 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, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition TITLE DELETE 1.1 TITLE Change SOL, ROBERTO R 1.2 NAME NAME 7801 NW 37TH STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 City-St-ZiP CITY-ST-ZIP Channe Addition DELETE 2.1 TITLE TITLE GUZMAN, HECTOR J 2.2 NAME NAME 7801 NW 37TH ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CRTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TETLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE //LE Change Addition TITLE NAME NAME STREET ADDRESS 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied w indicated on this annual report or supplemental officer or director of the corporation or the rec Block 12 or Block 13 if changed, g on an applie r the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

HECTOR J. GUZHAN 04/28/98

592-0839