FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # K72238 (4)

1. Corporation Name

TRANSEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1999 UNIVERSITY DR SUITE 103 CORAL SPRINGS FL 33071	1999 UNIVERSITY DR SUITE 103 CORAL SPRINGS FL 33071

2. Principal Place of Business
21 5088 N.W 100 TERR
Suite, Apt #, etc.
22 CORAL SPRINGS Fl
City & State
23 33076 - BROWARD
Zip 24 Country 25

2a. Mailing Address
26 5088 N.W 100 TERR
Suite, Apt. #, etc.
27 Coral Springs Fl.
City & State
28 33076 - BROWARD
Zip 29 Country 30

3. Date Incorporated or Qualified: **03/13/1989**
3a. Date of Last Report: **04/27/1995**

4. FEI Number: **65-0103973** ☐ 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

LUIS F. ANTICONA
5088 N.W. 100 TERRACE
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

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 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: [signature] (CARMEN ANTICONA) 4/19/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ANTICONA, LUIS	
STREET ADDRESS	5088 N.W. 100 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	ST	☐ DELETE
NAME	ANTICONA, CARMEN	
STREET ADDRESS	5088 N.W. 100 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	V	☐ DELETE
NAME	RAMIREZ, NANCY	
STREET ADDRESS	9777 WESTVIEW DR #1134	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	☐ DELETE
NAME	TRANSPORTES SANTA ELISA S.A.	
STREET ADDRESS	CALLE 3 #197	
CITY-ST-ZIP	URBANIZACION GRIMANESA CALLO	
TITLE	D	☐ DELETE
NAME	RAMIREZ, JAIME	
STREET ADDRESS	5088 NW 100 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 4/19/96 11. A.M

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