

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

FILED

May 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

DOCUMENT # K72238 (4)

1. Corporation Name
TRANSEL ENTERPRISES, INC.

Principal Place of Business
5088 N.W. 100TH TERRACE
SUITE 103
CORAL SPRINGS FL 33076
US

Mailing Address
5088 N.W. 100TH TERRACE
SUITE 103
CORAL SPRINGS FL 33076-2415
US



2. Principal Place of Business

21 5088 N.W. 100TH TERRACE
Suite, Apt. #, etc.

22 City & State
CORAL SPRINGS FL

23 Zip
33076

Country
USA

24 33076

25 USA

2a. Mailing Address

26 5088 N.W. 100TH TERRACE
Suite, Apt. #, etc.

27 City & State
CORAL SPRINGS FL

28 Zip
33076

Country
USA

29 33076

30 USA

3. Date Incorporated or Qualified
03/13/1989

3a. Date of Last Report
04/25/1996

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ANTICONA, LUIS
STREET ADDRESS 5088 N.W. 100 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ST
NAME ANTICONA, CARMEN
STREET ADDRESS 5088 N.W. 100 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE V
NAME RAMIREZ, NANCY
STREET ADDRESS 9777 WESTVIEW DR #1134
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D
NAME TRANSPORTES SANTA ELISA S.A.
STREET ADDRESS CALLE 3 #197
CITY-ST-ZIP URBANIZACION GRIMANESA CALLO

TITLE D
NAME RAMIREZ, JAIME
STREET ADDRESS 5088 NW 100 TERR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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]

CARMEN ANTICONA

04/25/97

(954) 752-4384
11:00 A.M.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)