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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Şandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

**DOCUMENT # M12991** 

(9)

| TRANSCO INDUSTRIAL CORPORATION  Principal Place of Business Mailing Address  C/O GEMA VAZQUEZ 7901 N.W. 66 STREET MIAMI FL 33166 MIAMI FL 33166-2727 |   |   |  |  |   |
|--|---|---|--|--|---|
| लाठांना १६ ४४०५  |   | HIMMIN 1 W WATER CO   |  | 3. Date Incorporated or Qualified 03/21/1985   | 3a. Date of East Report<br>06/18/1996                               |
|  | lace of Business  | 2a. Mailing Address   |  | 4. FEI Number  | Applied For   |
| Suite, Apt.  | #, elc.   | Suite, Apt. #, etc.   |  | <b>59-2518586</b>  | Not Applicable \$8.75 Additional                                    |
| 22   |   | 27  |  | 5. Certificate of Status Desired   | Fee Required  |
| City & State   | e   | City & State  |  | 6. Election Campaign Financing   | \$5.00 May Be   |
| <b>23</b> Zip  | Country   | <b>28</b> Zip   | Country  | Trust Fund Contribution  | Added to Fees   |
| 24   | 25  | 29  | 30   | 8. This corporation has liability for i  | intangible tax under s. 199.032,<br>☐ Yes ☐ No                      |
| 24   | 9. Name and Address of Curren   |   | 301  | 10. Name and Address of New Re   |   |
| VAZQUEZ, GEMA<br>7901 N.W. 66 STREET<br>MIAMI FL 33166   |   |   | <ul><li>81 Name</li><li>82 Street Add</li><li>83</li></ul> | dress (P.O. Box Number is Not Acceptab   | ole)  |
|  |   |   | <b>84</b> City   |  | FL 85 Zip Code  |
| office or r<br>agent. La<br>SIGNATURE  | to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations for the state of the section familiar with and accept the obligations. | of Florida. Such change was ations of, Section 607.0505, Fl | authorized by the corpora                                  | rporation submits this statement for the pation's board of directors. I hereby acceptions thereby acceptions the patient of the patients are supplied to the patients and the patients are patients. | ourpose of changing its registered of the appointment as registered |
| 12.  | OFFICERS AN   |   | 13.  | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTORS IN 12   |
| TITLE  | PD  | ☐ DELETE  | 1.1 TITLE  |  | Change Addition   |
| NAME   | MORALES, SANTIAGO   |   | 1.2 NAME   |  |   |
| STREET ADDRESS   | 7901 N.W. 68 ST   |   | 1.3 STREET ADDRESS   |  |   |
| CITY - ST - ZIP  | MIAMI FL  | DELETE  | 1.4 CITY - ST - ZIP  |  | Change Addition   |
| TITLE<br>NAME  | SD<br>VAZQUEZ,GEMA  | ריי מננטר   | 2.1 TITLE<br>2.2 NAME                                      |  | [] (dange [] Adamon   |
| STREET ADDRESS   | 7901 NW 68TH ST.  |   | 2.2 NAME<br>2.3 STREET ADORESS                             |  |   |
| CITY - ST - ZIP  | MIAMI FL  |   | 2. 4 CITY - ST - ZIP                                       |  | •   |
| TITLE  | IN ACT. T   | ☐ DELETE  | 3.1 TITLE  |  | Change Addition   |
| NAME   |   |   | 3.2 NAME   |  |   |
| STREET ADDRESS   |   |   | 3.3 STREET ADDRESS   |  |   |
| CITY-ST-ZIP  |   |   | 3 4. CITY - ST - ZIP                                       |  |   |
| TITLE  |   | ☐ DELETE  | 4.1 THLE   |  | Change Addition   |
| NAME   |   |   | 4. 2 NAMÉ  |  |   |
| \$1REET ADDRESS  |   |   | 4.3 STREET ADDRESS   |  |   |
| CITY-S1-ZIP  | •   | ☐ DELETE  | 4.4 CHY-ST-ZIP<br>5.1 THILE                                |  | Change Addition   |
| TIFLE  |   | □ Detent  |  |  | L Ollango L Roomon  |
| NAME<br>exerct appeared  |   |   | 5.2 NAME   |  |   |
| STREET ADDRESS   |   |   | 5 3 STREET ADDRESS   |  |   |
| CITY-ST-ZIP<br>TITLE   |   | DELETE  | 5 4 CITY - ST - ZIP<br>6 1 TITLE                           |  | Change Addition   |
| NAME   |   | - Detect  | 62 NAME  |  | Call Orionge Call Programme   |
| STREET ADDRESS   |   |   | 63 STREET ADDRESS  |  |   |
| CITY-ST-ZIP  | ľ   |   | 64 CITY-SI-ZIP   |  |   |
|  | by certify that the information supplie   | al vista this files along and                               |  | ed in Section 119 07/3)(i) Florida Statute   | n I fouther contifue that the                                       |

4. 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 supply 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 phayged, or on an atjachment with an address

2-12-917

CR2E034 (9/96)

**FILED** 

Feb 18 1997 8:00am

Secretary of State