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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M56922

(1)

CONGRESS BUSINESS CENTER CORP.

FILED									
Apr 02 1997 8:00am									
Secretary of State									

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% TRANSAL C	AVENUE, SUITE 800	Mailing Address % TRANSAL CORP. 2121 S.W. 3RD AVENUE, SUITE 800 MIAMI FL 33129-1490								
						Incorporated or Qualifi 6/1987	,	ate of Last H 28/1996	leport	
	Place of Business	2a. Mailing Address			4, fEII	Number	Applied for			
21 Suite, Apt. #, etc.		Sulte, Apt. #, etc.			59	-2839442		Not Applicable \$8.75 Additional		
22		27			5. Cort	ificate of Status Desired	<u>(X</u>)		equired	
City & State		City & State				tion Campaign Financin Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip Cou		у		corporation has liability			. 199.032,	
24	25 9. Name and Address of Current	29 Registered Agent	[30]			da Statutes ne and Address of New	X Yes [
TRA	NSAL CORP.	riegisteres Agent	8.	Name		ic and Address of Non	Tiegisterea	Agont		
	I S.W. 3RD AVENUE		8:	Street	Address (P.O. R	ox Number is Not Acce	ntable)			
HT8	FLOOR		<u></u>							
MIA	MI FL 33129		8	' {						
			8-	City			· E I	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Sta	tutes, the abor	/e-named	corporation sub	mits this statement for t	ne purpose of	 changing i ⁱ	ts registered	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	of Florida, Such change wa lions of, Section 607,0505,	is authorized b Florida Statute	y the corp	oration's board	of directors. I hereby a	cept the app	ointmont as	registered	
SIGNATURE										
12.	Signature, typod or printed name of region aid agen OF INCERS AND		VOIL Registered A	jent Signature	required when reinsta	ing) FIONS/CHANGES TO O	DATE	DIDECTOR	20 1/1 20	
TITLE	DR OFFICE NO AND	DITIE	1.1 1170F		DV	HONS/CHANGES TO O	FRIGENS AINL	K Change	Addition	
NAME	POMA, EDUARDO	 -	1.2 NAME	j	24				_	
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOO	R	13 S1RE	1 ADDRESS						
CITY-ST-ZIP	MIAMI FL		1.4 Crl Y					· <u> </u>		
FITLE	EX.	DELETE	2.1 T/ILF	•	DVS			K] Change	Addition	
NAME	PITA, RODOLFO E.	.	2.2 NAME							
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOOI MIAMI FL	n .		I ADDRESS						
CITY-ST-ZIP TITLE	RX	DELETE	2. 4 CITY 3.1 TITLE		DP			K Change	Addition	
NAME	POMA, ERNESTO	_	3.2 NAME		<i>D</i> 1					
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOOI	R	3.3 S1RF6	i address						
CITY-ST-ZIP	MIAMI FL		3 4. CITY	S1-ZIP						
TITLE	DT	DELFTE	4.1 T(TLE					Change	Addition	
NAME	MIYARES, RAUL J	n	4. 2 NAMI	1						
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOOI	ч		1 ADORESS		1				
CITY-ST-ZIP TITLE	MIAMI FL	DELETE.	44 CITY- 51 TITLE	ST-ZIP				Change	Addit on	
` NAME		FT MOUNT	5.2 NAME			I		onlings	E-1 Monte (M)	
STREET ADDRESS				1 ADDRESS						
CITY-ST-ZIP			5.4 CITY	- 1					İ	
TITLE	1	DECE 1E	6.11(1)(f					☐ Change	Addition	
NAME			6.2 NAMI			* 1				
STREET ADDRESS			63 \$1REF	1 AUDRESS						
CITY-ST-ZIP		Tila kis. Zirining-man	6.4 CHY-			446.67(0)/0 (1)	······································			
informatio	by certify that the information supplied on indicated on this annual report or su flicer or director of the corporation or t n Block 12 or Block 13 // changed, or a	pplemental annual report i he receiver or trustee omb	s true and acc owered to exc	urate and	that my signatu	re shall have the same t	egal offect as	if made und	der oath, that	