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 #
1. Corporation Name

P12891

3-25-96 B-C

TOANICCADITAL	CINIANICIAL	CODDODATION
THANSCAPITAL	FINANCIAL	CORPORATION

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Principal Place of Business Mailing Address							111	E T0#1				811 81811 81811 18 81		
1221 BRICI SUITE 260 MIAMI FL	0		SUIT	BRICKELL AVE E 2600 II FL 33131										
US US									orporated or C <mark>14/1987</mark>	Sualified	3a. Da	te of Last R 05/11/1	,	
2. Principal Pla 21	ace of Business		2a. Mailin 26	g Address					4. FET Num	ber 1-0886031			<u></u>	Applied For Not Applicable
Suite, Apt. #	#, etc.	4.000	Suite,	Apt. #, etc.					1	e of Status De	ested	<u> </u>	\$8.75	Additional Required
City & State)			State)	Campaign Finand Contribution	_		\$5.0	О мау Ве
Zφ	Cou	untry	Zip		T	Country	 y			poration has lie		intang ble		d to Fees 199.032.
24	25		29		30				Florida Statutes Yes No					
	9. Name and Ad	dress of Current	Registered A	Agent					10. Name a	nd Address o	f New R	egistered	Agent	
						81		Name						
	ORATE CREATION		s, inc.			82	+	Street Addres	s (P.O. Box N	umber is Not a	Acceptati	le)		
4521 PGA BLVD., SUITE 211									· · · · ·			·		
PALM	BEACH GARDENS	S FL 33418				83								
						84		City				FL	_	p Code
11. Pursuant to or registere familiar wit	o the provisions of Si ed agent, or both, in h, and accept the ob	ections 607.0502 a the State of Florida digations of, Section	and 607.1508 a. Such chang n 607.0505, F	, Florida Statuti je was authoriz Ilorida Statutes	es, the ed by	above- the corp	na ior	med corporati ation's board	ion submits th of directors T	is statement fo hereby accept	or the pur the appo	pose of ch pintment a	nanging its r is registered	egistered office agent. I am
SIGNATURE														
12.	Signature, typed or printed no	of FICERS AND	and the second of the second o	(N/:		-tens l Age	1.1.5	god are requestly		NOVOLIANOEC	10 OFF	DATE	D DIDECTO	ADC IN 40
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CITY - ST - ZIP						6.4 CHY-1								
	y certify that the infor	mation supplied wi	th this filing is	voluntarily furn	ished				the exemption	stated in Sec	ton 119.	07(3)(k), FI	londa Statut	es. I further

annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated or oath; that I am an officer or director of appears in Block 12 or Block 13 if characteristics. attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-536-1475