1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90101 046 \*\*\*158.75

DOCUMENT # P1448	1		;	
Corporation Name	•			
TRANI N.V. CORP.				
Principal Place of Business	Mailing Address			i Bibit Bibit Bibit Bibit Bibit
7850 NW 27-00P	. 7450 N.W 27 AVF			
Man 19147 West akeekshee Co	MIAMI FL 33147		DO NOT WRITE IN THE	IO 00405
12071 West acceptance co	(		DO NOT WRITE IN TH	IS SPACE
Healeon Jordens FIA,			3. Date Incorporated or Qualifed	{
33016	20 Maissa Addaga		05/18/1987 4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address		98-0060341	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year I	intangible
24 25	29	30	Personal Property Tax.	Yes □No
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registere	d Agent
Lopez. Ser <b>v</b> ando		81 Name		
7450 N.W. 27 AVE		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33147		ļ <u>.</u>		
WANTE SSTA		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the nurrose	of changing its registered
The second secon	to of Florida, Such change was au	thorized by the corneration	on's heard of directors. I hereby accept the app	ointment as registered
office or registered agent, or both, in the Stat	instings of Section 607 0505. Flori	in Statutes	0110 0771077 0110010101 1110 000, 200071 1110	(
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obligations.	gations of, Section 607.0505, Flori	ina Statutes.		
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblining SIGNATURE Signature, typed or printed name of registered a	-UPEZ_ 1	ida Statutes.  Registered Agent signature require	d which reinstating DATE	99
SIGNATURE SERVANO Signature, typed or printed name of registered a  12. OFFICERS	agent and title if applicable. AND DIRECTORS	Registered Agent signature require	1-6	AND DIRECTORS IN 12
SIGNATURE SERVANDO Signature, typed or printed name of registered at 12. OFFICERS AT THE PAPS	agent and title if applicable.	Registered Agent signature require 13. 1.1 TITLE	d which reinstating DATE	99
SIGNATURE SERVANDO  12. OFFICERS A  TITLE PAPS LOPEZ, SERVANDO	agent and title if applicable. AND DIRECTORS	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME.	d which reinstating DATE	AND DIRECTORS IN 12
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Indicated on this annual report or supplied with this filling does not quality for the exemption istated in Section 118.07(3)(i), Florida Statutes. If further certify that the indicated on this annual report or supplemental annual report is true and securate 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 chapted, or on an attachment with an appears, with all other like empowered.

SIGNATURE: