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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300005254

1. Corporation Name

TRANSAMERICAS ASSOCIATED INC

Principal Place of Business	Mailing Address	
12221 SW 129 CT. MIAMI FL 33186 US	12221 SW 129 CT MIAMI FL 33186 US	
a Principal Place of Rusiness	2. Mailing Address	

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90275 047 ***158.75

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Principal Place	e of Business	Mailing Address					3811: 55131 51116 <u>1</u>	1881 (1111) 1184 (1881
12221 SW 129		12221 SW 129 CT						
MIAMI FL 3318 US	16	MIAMI FL 33186 US				DO NOT WRITE IN	THIS SPACE	
US		Ųŏ				3. Date Incorporated or Qualifed	THO OF ACE	
						01/19/1993		}
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0420881		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	5 Additional
City & Stat		City & State						Required
City & Stat	18	 				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Country Zip Cou		intry		8. This corporation owes the current year		30.10.7.000
24	25	29	30			Personal Property Tax.	∑ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		I,		10. Name and Address of New Registe	ered Agent	
DAU	ADECCO LINC A			81	Name			ì
	'ARESCO, LUIS A 01-E SOUTHWEST 88TH TERRA	CE		82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	MI FL 33186	IUL		83				
1	1 2 33 133			03				
ے ا				84	City		FL 85 Z	ip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statut	tes, the a	boye	e-named corpor	ration cultimite this statement for the purpos	e of changing	its registered
office or r	registered agent, or both, in the State	e of Florida, Such change was a ations of Section 607 0505. Flo	authorized	d by	the corporation	statement for the purpose's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE	marie)	anono di, decembri dari decembri	J. 100 O.01		•		9-99	ļ
SIGNATURE	Official report of printed name of registered ag		: Registered	Agen	t signature required v	when reinstating) DAT	E	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIREC Chan	
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NAME		☐ DELETE		TLE	T-ZIP		☐ Chan	ge Addition
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NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TF 2.2 N/ 2.3 ST	TLE AME	ADDRESS		☐ Chan	ge Addition
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14. I 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 of 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, with all other like empowered.

SIGNATURE:

305-2353557