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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90201 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024771

1. Corporation Name

TRANS CONTINENTAL CONSTRUCTION, CORP.



Principal Place of Business

1725 NW 28TH ST.
MIAMI FL 33142
US

Mailing Address

P.O. BOX 421160
MIAMI FL 33142
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1993

4. FEI Number

65-0423621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 8200 BYRON AVE.

2a. Mailing Address

26 P.O. Box 414529

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI BEACH FL

City & State

28 MIAMI BEACH FL

Zip

Country

24 33141 25 U.S.A.

Zip

Country

29 33141-0529 30 U.S.A

9. Name and Address of Current Registered Agent

ROCKFORD, ARNOLD ESQ.
300 SEVILLA AVENUE
SUITE 216
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

VITAL, PEDRO

82 Street Address (P.O. Box Number is Not Acceptable)

8142 BYRON AVE.

83

SUITE-5

84 City

MIAMI BEACH

FL

85 Zip Code

33141

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **PEDRO VITAL**
Signature, typed or printed name of registered agent and title if applicable.

PEDRO VITAL
(NOTE: Registered Agent signature required when reinstating)

JAN. 19, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ENGEMAJER, FRANCOIS	
STREET ADDRESS	1725 NW 28TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PRIETO, MARIO	
STREET ADDRESS	1725 NW 28TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEGARRA, EDUARDO	
STREET ADDRESS	1725 NW 28TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEAL, CRISTINA	
STREET ADDRESS	1725 NW 28TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	ENGELMAJER, MANUELA	
STREET ADDRESS	1725 NW 28TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RUIZ, MARIA	
1.3 STREET ADDRESS	450 WALKER VALLEY ROAD	
1.4 CITY-ST-ZIP	PINE BUSH NY. 12566	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANCHEZ, ANGEL	
2.3 STREET ADDRESS	8200 BYRON AVE.	
2.4 CITY-ST-ZIP	MIAMI BEACH FL, 33141	
3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VITAL, PEDRO	
3.3 STREET ADDRESS	8142 BYRON AVE.	
3.4 CITY-ST-ZIP	MIAMI BEACH FL, 33141	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANCOIS ENGELMAJER, FRANCOIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-01-99 305.6364286
Date Daytime Phone #

CR2E034 (11/98)