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Jan 30 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000048473 (1)

1. Corporation Name

TRANSTAINER CORP.

Principal Place of Business

Mailing Address

~~3000 NW 74TH AVE~~  
~~MIAMI FL 33122~~

~~3000 NW 74TH AVE~~  
~~MIAMI FL 33122~~

2. Principal Place of Business

2a. Mailing Address

21 3550 NW 33 ST.

26 3550 NW 33 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33142 25 USA

29 33142 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLF, JOSE' M

~~3000 NW 74TH AVE~~

~~MIAMI FL 33122~~

81 Name

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

3550 NW 33 ST.

83

84 City

MIAMI

FL

85

Zip Code

33142

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DS

STREET ADDRESS SOLA, MANUEL III

CITY-ST-ZIP ~~3000 NW 74TH AVE~~

~~MIAMI FL 33122~~

TITLE ☐ DELETE

NAME D

STREET ADDRESS WOLF, JOSE

CITY-ST-ZIP ~~3000 NW 74TH AVE~~

~~MIAMI FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3550 NW 33 ST.

1.4 CITY-ST-ZIP MIAMI, FL 33142

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3550 NW 33 ST.

2.4 CITY-ST-ZIP MIAMI, FL 33142

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: X [Signature] 1-21-98

CR2E034 (10/97)