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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000061133 (3)

1. Corporation Name

TRANSEA SUPPLIES, INC.



Principal Place of Business

2601 SOUTHWEST 137TH AVENUE  
MIAMI FL 33175

Mailing Address

2601 SOUTHWEST 137TH AVENUE  
MIAMI FL 33175-6323

3. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

03/28/1996

2. Principal Place of Business

21 7300 VISTAL MAR ST.

2a. Mailing Address

26 7300 VISTAL MAR ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CORAL GABLES, FL

City & State

28 CORAL GABLES, FL

Zip

Country

24 33143

25 USA

Zip

Country

29 33143

30 USA

9. Name and Address of Current Registered Agent

FRIED, MARK E

1135 INGRAHAM BLDG.  
25 SOUTHEAST SECOND AVENUE  
MIAMI FL 33131

ADDRESS CHANGE  
ONLY →

10. Name and Address of New Registered Agent

81 Name

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

1110 BRICKELL AVENUE

83 SEVENTH FLOOR

84 City

MIAMI

FL

85 Zip Code  
33131

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

TITLE D  
NAME CHRISTOFOROU, DANA  
STREET ADDRESS 2601 SOUTHWEST 137TH AVENUE  
CITY-ST-ZIP MIAMI FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PSTD  
DANA CHRISTOFOROU  
7300 VISTAL MAR ST.  
CORAL GABLES, FL

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 in an attachment with an address.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DANA CHRISTOFOROU

x 4-12-97

x 6650557

0237547

CR2E034 (9/96)