## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300066276 (5)

TRANSFACILITY, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business 9970 SW 30TH STREET		Mailing Address 9970 SW 30TH STREET			
MIAMI FL 3316		MIAMI FL 33165-2907			
				3. Date incorporated or Qualified 09/20/1993	<b>3a.</b> Date of Last Report <b>02/23/1996</b>
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0450933	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	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 has liability for	intangible tax under s. 199.032,
24	25		30		Yes No
0114	9. Name and Address of Currer	nt Hegistered Agent	81 Name	10. Name and Address of New R	agistered Agent
Quaranta, renato 9970 SW 30TH Street					
MIAMI FL 33165			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
***************************************	WI   2 00 100		83		
			84 City		<b>■ 85</b> Zip Code
					FL   ``
11. Pursuant office or re agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida, Such change was a ations of, Section 607.0505, Flor	s, the above-named corp uthorized by the corporat ida Statutes.	oration submits this statement for the ion's board of directors. I hereby acce	purpose of changing its registered pl the appointment as registered
SIGNATURE		and the state of t	: Regisjered Agent signature requin		
12.	Signature, typed or printed name of registereo age OFFICERS AN	D DIRECTORS	Hog stered Agen signature requir	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	11 1/116	7.55.7.0.13,0.11.11.02.0 ) 0 0 1 (	☐ Change ☐ Addition
NAME	QUARANTA, RENATO		1.2 NAME		
STREET ADDRESS	9970 SW 30TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	Doctor	1.4 CITY+S1+ZIP		
TITLE NAME	VD Cadreche, Marina	☐ DELETE	2.1 TITLE 2.2 NAME		Change
STREET ADDRESS	9970 SW 30TH STREET		2.8 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CITY - ST - ZIP		
TITLE		DELFTE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Попет	3.4 CITY-S1-7IP		
TITLE NAME		☐ DELETE	4.1 11116		Change
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - 7IP		
TITLE		DELFTE	5.1 TITLE	*** *	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		December 1999	5.4 CITY-ST-ZIP	<u></u>	
TITLE	,	L_J DELETE	6.1 TITLE		Change Addition

14. I do hereby certify that the information supplied with this filing doos 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, Horida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

6.3 STREET ADDRESS