

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000074403 (5)**

1. Corporation Name

TRANS-AMERICAN GROUP (T.A.G.), INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9041 SW 140TH ST.
MIAMI FL 33176

9041 SW 140TH ST.
MIAMI FL 33176

3. Date Incorporated or Qualified
10/27/1993

3a. Date of Last Report
04/28/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 **17666 SW 10 Street**

4. FEI Number
65-0450516

Applicant For
Not Applicable

22 City & State

27 **Pembroke Pines, Florida**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

24 **33029**

25 **USA**

29 **33029**

30 **USA**

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRISTIE, HARRY
9041 SW 140TH ST.
MIAMI FL 33176**

81 Name

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

83

84 City

FL

85 Zip Code

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 agent 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 of current or former registered agent and fee if applicable)

(NOTE: Registered Agent signature required when applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **VPT**
NAME: **ZEA, CARLOS H**
STREET ADDRESS: **9280 SW 123 COURT 309**
CITY, ST, ZIP: **MIAMI FL**

11 TITLE: **VPT** Change Addition
12 NAME: **Zea, Carlos H.**
13 STREET ADDRESS: **17666 SW 10 Street**
14 CITY, ST, ZIP: **Pembroke Pines, Florida 33029**

TITLE: **VPS**
NAME: **GUTIERREZ, ANDRES**
STREET ADDRESS: **440 NW 188 TERR**
CITY, ST, ZIP: **PEMBROKE PINES FL**

21 TITLE: **VP** Change Addition
22 NAME: **Yolanda R. Zea**
23 STREET ADDRESS: **17666 SW 10 Street**
24 CITY, ST, ZIP: **Pembroke Pines FL 33029**

TITLE: **P**
NAME: **CHRISTIE, HARRY**
STREET ADDRESS: **9041 SW 140 STREET**
CITY, ST, ZIP: **MIAMI FL**

31 TITLE: **VP** Change Addition
32 NAME: **Ana L. Gutierrez**
33 STREET ADDRESS: **440 NW 188 Terr.**
34 CITY, ST, ZIP: **Pembroke Pines FL 33029**

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

41 TITLE: **VP** Change Addition
42 NAME: **Beatriz B. Christie**
43 STREET ADDRESS: **9041 SW 140 street**
44 CITY, ST, ZIP: **miami FL 33176**

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

Carlos H. Zea
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26/95

(305) 430-7329