FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000074403 (5)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
9041 SW 140TH ST. MIAMI FL 33176	17666 SW 10 STREET PEMBROKE PINES FL 33029 US

3. Date Incorporated or Qualified: **10/27/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0450516** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 MIAMI SAME AS ABOVE	26 9041 SW 140TH ST. MIAMI FL. 33176
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.1505, 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 of New Registered Agent, if changing) (Name of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	☒ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ZEA, CARLOS H		12 NAME	
STREET ADDRESS	17666 SW 10 STREET		13 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		14 CITY-ST-ZIP	
TITLE	VPS - VPT	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, ANDRES		22 NAME	
STREET ADDRESS	440 NW 188 TERR		23 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		24 CITY-ST-ZIP	
TITLE	P	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CHRISTIE, HARRY		32 NAME	
STREET ADDRESS	9041 SW 140 STREET		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	
TITLE	V	☒ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ZEA, YOLANDA R.		42 NAME	
STREET ADDRESS	17666 SW 10 STREET		43 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		44 CITY-ST-ZIP	
TITLE	V	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, ANA L.		52 NAME	
STREET ADDRESS	440 NW 188 TERR.		53 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		54 CITY-ST-ZIP	
TITLE	V	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	BEATRIZ, CHRISTIE B.		62 NAME	
STREET ADDRESS	9041 SW 140 STREET		63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 added to the report with an address.

SIGNATURE: Christie 3/28/96 (954)436-2097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)