

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

FILED

Feb 02 1998 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
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| DOCUMENT # P94000005617 (3) 1. Corporation Name TRASAMI, INC. | | | |
| Principal Place of Business 3070 N.W. 13TH COURT DELRAY BEACH FL 33445 | | Mailing Address 3070 N.W. 13TH COURT DELRAY BEACH FL 33445 | |
| ADDRESS CHANGE | | | |
| 2. Principal Place of Business 21 880 N.E. 69TH ST. Suite, Apt. #, etc. 22 8M City & State 23 MIAMI, FL. Zip 24 33138 | | 2a. Mailing Address 26 880 N.E. 69TH ST. Suite, Apt. #, etc. 27 8M City & State 28 MIAMI, FL. Zip 29 33138 Country 30 U.S.A. | |
| g. Name and Address of Current Registered Agent COPLAN, MARK 3070 N.W. 13TH COURT DELRAY BEACH FL 33445 ADDRESS CHANGE ONLY. | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 880 N.E. 69TH ST. # 8M 84 City MIAMI FL 85 Zip Code 33138 | |
| 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: MARK COPLAN Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS TITLE D NAME COPLAN, MARK STREET ADDRESS 3070 N.W. 13TH COURT CITY-ST-ZIP DELRAY BEACH FL 33445 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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: MARK COPLAN 1/14/98 305/758-3136 | | | |



DO NOT WRITE IN THIS SPACE

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| 3. Date Incorporated or Qualified 01/14/1994 | |
| 4. FEI Number 22-1941762 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

CP2ED34 (10/97)