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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

1. Corporation	MENT # P94000 TRANSACTION, INC.	0071499 (5))		
Principal Place		Mailing Address			
9111 S.W. 1 BUILDING A MIAMI FL 33 US		9111 S.W. 10TH TERRAI BUILDING A. # 204 MIAMI FL 33174 US	CE	Date Incorporated or Qualified 3a. [Date of Last Report
		~~		09/26/1994	07/28/1995
	sce of Business A TELLACE	2a. Mailing Address	U. 10th TELRACE	4. FEI Number	Applied For
Suite, Apt. :		26 9// 0.44 Suite, Apt. #, etc.	o, 10 TELLACT	65-0524065	Not Applicable
22 -		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Mi		28 Miami, Flo	Rida	Trust Fund Contribution	Added to Fees
Zip 331	174 Country 215		Country 30 2 (5	8. This corporation has fiability for intangible Florida Statutes Yes 🔀 No.)
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
ALDEDDO DODESTO				KOBERTO ALBERRO	
ALBERRO, ROBERTO 111 C.W. 10TH TERRACE				dress (P.O. Box Number is Not Acceptable)	POLE
9111 S.W. 10TH TERRACE 91 BUILDING A # 204			1111 S.W. 10 th TEX	2Rait	
	L 33174				
***************************************	2 00114		84 City	iami, Florida F	L 85 Zip Code 33174
 Pursuant to or registere 	o the provisions of Sections 607.0502 and agent of both, in the State of Florida	nd 607.1508, Florida Statutes, Such change was authorized	, the above-named corporation's boa	pration submits this statement for the purpose of and of directors. I hereby accept the appointment	changing its registered office
familiar witi SIGNATURE _	MINUM (3	6 11996
12.	Signature type printed name of religious agent ar OFFICERS AND		: Registered Agent signature require 13.		1
TITLE	PD	DELETE	1. 1 7(TLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	ALBERRO, ROBERTO			ALBERRO, ORLANDO SR.	C Oldings K Robillon
STREET ADDRESS	9111 S.W. 10TH TERRACE		1.3 STREET ADDRESS	2353 N.W. 33rd STREET	
CITY-ST-ZIP	MIAMI FL		1.4 CITY- ST-ZIP	MIAMI, FLORIDA 33142	
TITLE		□ DELETE	2 1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		ı
CITY-ST-ZIP TITLE		☐ DELETE	24 CITY-ST-ZIP		
NAME		- Dittelt	3. 1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP		F"3 printe	4.4 CITY - S1 - ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE NAME		☐ DELETE	5. 1 TIPLE		Change
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 City-St-Zip		
TITLE		DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-S1-ZIP		
14. I do hereby certify that I oath; that I appears in	r ceruly that the information supplied wit the information indigeted on this annual am an officer or director of the corpora Block 12 or Block 3 the charged, or on	n this filing is voluntarily furnish report or supplemental annual tion or the receiver of trustee e an attach ment with all addres:	ned and does not qualify the court of the co	for the exemption stated in Section 119.07(3)(k), ale and that my signature shall have the same leg is report as required by Chapter 607, Florida Sta	Florida Statutes. I further jal effect as if made under tutes; and that my name