

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:39

DOCUMENT # P94000082905 (8)

1. Corporation Name

TRANSEC, INC.

Principal Place of Business

9755 N.W. 52ND STREET
SUITE 401
MIAMI FL 33178

Mailing Address

9755 N.W. 52ND STREET
SUITE 401
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1994

3a. Date of Last Report

FIRST

4. FEI Number

65-0535005

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ABBOTT, ELIOT C
999 PONCE DE LEON BLVD.
SUITE 1150
CORAL GABLES FL 33134

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 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE

(Signature of person performing functions of registered agent on the corporation)

(Signature of Registered Agent required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARVIL, MAYRA J
STREET ADDRESS 9755 N.W. 52ND STREET, SUITE 401
CITY, ST, ZIP MIAMI FL 33178

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 D, P
1.2 NAME MARVIL, MAYRA J.
1.3 STREET ADDRESS 9755 NW 52nd Street, Suite 401
1.4 CITY, ST, ZIP MIAMI, FL 33178 ☐ Change ☒ Addition

2.1 TITLE S, T
2.2 NAME MARVIL, GREGORY P.
2.3 STREET ADDRESS 9755 NW 52ND STREET, SUITE 401
2.4 CITY, ST, ZIP MIAMI, FL 33178 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP ☐ Change ☐ Addition

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 149.02(1)(b), 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:

Mayra J. Marvil - Mayra J. Marvil

2/16/95

305-639-9612