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FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000085761 (2)

1. Corporation Name
TRANSFER UNLIMITED, INC.



Principal Place of Business

1840 WEST 49TH ST.
SUITE 712-B
HIALEAH FL 33012
US

Mailing Address

1840 WEST 49TH ST.
SUITE 712-B
HIALEAH FL 33012-2942
US

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 1840 W 49TH ST.

2a. Mailing Address

26 1840 W 49TH ST.

Suite, Apt. #, etc.

22 SUITE 519

Suite, Apt. #, etc.

27 SUITE 519

City & State

23 HIALEAH, FL

City & State

28 HIALEAH, FL

Zip

24 33012

Country

25 DNDE

Zip

29 33012

Country

30 DNDE

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

9. Name and Address of Current Registered Agent

SIBERT, JULIA
1840 WEST 49TH ST.
SUITE 713
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
LATTORRE, CARLO
82 Street Address (P.O. Box Number is Not Acceptable)
1840 W 49TH ST.
83 SUITE 519
84 City
HIALEAH FL 85 33012

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

[Signature]

CARLO LATTORRE

2-5-97

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	DELETE <input checked="" type="checkbox"/>
NAME	SIBERT, JULIA	
STREET ADDRESS	1840 W 49TH ST SUITE 712-B	
CITY - ST - ZIP	HIALEAH FL	
TITLE	S	DELETE <input checked="" type="checkbox"/>
NAME	SIBERT, JULIA	
STREET ADDRESS	1840 W 49 ST SUITE 712-B	
CITY - ST - ZIP	HIALEAH FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
12 NAME	LATTORRE, CARLO	
13 STREET ADDRESS	1840 W 49TH ST. SUITE 519	
14 CITY - ST - ZIP	HIALEAH, FL. 33012	
21 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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:

[Signature]

CARLO LATTORRE

305-819-0906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)