PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085761

TRANSFER UNLIMITED, INC.

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Principal Place	e of Business	Mailing Address				A LOGICAGE LIE LECT GLOVE BANK DE	ere an ter antare	(ACRI Riles IMAIA	Stifft timt tällt	٠
1840 W 49TH ST		1840 W 49TH ST	1840 W 49TH ST							- 1
SUITE 519		SUITE 519	•				TE 164 2 1 110	00405		
HIALEAH FL 33 US	3012	HIALEAH FL 3301; US	2			DO NOT WRI	TE IN THIS	SPACE		
US	•	00				3. Date Incorporated or Qualifed 11/28/1994				
2 Principal P	Place of Business	2a, Mailing Addre	200			4. FEI Number		TAN	plied For	١.
	lace of business	26	200			65-0536952		<u> </u>	t Applicable	i
Suite, Apt.	# etc	Suite, Apt. #,	etc			00 0000002		\$8.75		,
22	.,	27				5. Certifcate of Status Desired		Fee Re		
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	•	
Zip	Country	Zip		Country		8. This corporation owes the curre	ent year Inta	angible		
24	25	29	30			Personal Property Tax.		Yes	□No	
	9, Name and Address of Curr	ent Registered Agent				10. Name and Address of New F	legistered A	Agent	, .	1
1.477	TODDE CADIO			81	Name					
	Torre, Carlo D W 49th St			82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)			
	7 W 49111 31 FE 519			Ш			<u> </u>			
	EAH FL 33012			83						
HIAL	EAR FL 33012			84	City			85 Zip (Code	
				1 - 1			FL	122		
										•
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florid	la Statutes, the	e above	-named corpo	pration submits this statement for the	purpose of	changing its	registered	•
office or n	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such chang	je was authoriz	zed by ti	-named corpo the corporation	pration submits this statement for the in's board of directors. I hereby accept	purpose of	changing its ntment as re-	registered gistered	
office or n	registered agent, or both, in the Sta im familiar with, and accept the obli-	te of Florida. Such chang gations of, Section 607.0	ge was authoriz 1505, Florida Si	zed by ti itatutes.	the corporation	n's board of directors. I hereby accep	purpose of t the appoir	changing its	registered gistered	•
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90121 002 ***150.00