

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90008 033 \*\*\*150.00

03-17-1999 90008 034 \*\*\*\*\*8.75

DOCUMENT # P94000091568

1. Corporation Name

TRANSORGA MIAMI, INC.

Principal Place of Business

9075 SW 87TH AVE  
SUITE 409  
MIAMI FL 33176

Mailing Address

9075 SW 87TH AVE  
SUITE 409  
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

4. FEI Number

65-0545576

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional

Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

PORTUGAL, ERICK  
9075 SW 87 AVE  
SUITE \*409\*  
MIAMI FL 33176

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 607.0505, Florida Statutes

SIGNATURE

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 V ☐ DELETE  
NAME RUBIN, ENRIQUE  
STREET ADDRESS 9075 S W 87TH AVENUE, STE 409  
CITY-ST-ZIP MIAMI FL 33176

TITLE M ☐ DELETE  
NAME RUBIN, MARIA  
STREET ADDRESS 9075 SW 87TH AVE \*409\*  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☐ Change ☒ Addition  
12 NAME PORTUGAL, ERICK  
13 STREET ADDRESS 9075 SW 87th. Ave. Ste. 409  
14 CITY-ST-ZIP Miami, Florida 33176

21 TITLE D ☐ Change ☒ Addition  
22 NAME FILE, HELMUT  
23 STREET ADDRESS 9075 SW 87th. Ave. Ste. 409  
24 CITY-ST-ZIP Miami, Florida 33176

31 TITLE D ☐ Change ☒ Addition  
32 NAME HELLER, GERNOT  
33 STREET ADDRESS 9075 SW 87th. Ave. Ste. 409  
34 CITY-ST-ZIP Miami, Florida 33176

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

(305) 270-7969

Daytime Phone #

CR2E034 (11/98)