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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P 95000001223

TRANSCEND INTERNATIONAL, INC.

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May 01 1	1997	8:00am
Secreta	ry of	State

Principal Place of Business			ETE EN	ſ	
3.68 3.78 T306 WU 3408	W4 2408	3651	216.23	5	
MANI FL 33166	MIANI F				
	mant p	L 22	766	3. Date Incorporated or Qualified	3a. Date of Last Report
				01105195	
2. Principal Place of Business	2a. Mailing Address	;		4. FEI Number	Applied for
Suite, Apt. #, etc.	26			65-0545531	Not Applicable
222	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		<u>-</u>	6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	7 ₁ p	Cour	itry	8. This corporation has liability for	intangible tax under s. 199.032.
25	29	30	<u></u> _		Yes No
9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Re	egistered Agent
AMARO S. ROCHA			81 Name		
			82 Street Ad	ddress (P.O. Box Number is Not Acceptal	ble)
21739 SW 99CT			83	· · - · · · · · · · · · · · · · · · · ·	
MIANI FL 33190					
		1	B4 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508. Florida S	Statutes, the ab	ove-named co	orporation submits this statement for the	purpose of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Horida. Such change :	was authorized	hy the corpor	ralion's board of directors. I hereby acco	pt the appointment as registered
agent, Fant tamilial with, and accept the oblig	ganona di, occidir dor coo				
in ame	_			6 L	12197
SIGNATURE Signature Typed or printed name of registered as	- AMARO	8.000	LHA	Quired when reinstalling)	74187
Signature Typed or protect name of registers diag. OF FICERS AN	ANARO perand blood angle cable ND DISECTORS	(NOTE largestered	LHA		DATE CERS AND DIRECTORS IN 12
Signature Typed or protect name of registers diag. OFFICERS AN	ANARO percardible il applicable	(NOTE largestered	Agent signature rec	quired when reinstaling)	DATE
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mioritation indicated on mis amount report or supplemental annount open is nuclained and drait that my signature shall have the same legal effect as it made under or 1 am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brick 13 if changed, or on an attachment with an address SONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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SIGNATURE: