May 06, 1999 8:00 am Secretary of State

05-06-1999 90187 002 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000018850

1. Corporation Name

Principal Place of Business

TRANSNATIONAL BUSINESS HOLDING CORP.

11047 S.W. 138TH PLACE MIAMI FL 33186		3109 GRANDE AVE SUITE 200 MIAMI FL 33133 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/08/1995			
2. Principal Place of Business		2a. Mailing Address		-	4. FEI Number	h-4-	Applied For
21		26		65-0566753		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State	-		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intai		
24	25	29 30			1 didental i topelly i =	□Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent	
14.04	OUTSHIN DATOICE		81	Name			}
	QUEMIN, PATRICK 7 S.W. 138TH PLACE		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
AIM	AI FL 33186		83				
	•		84	City	Fi	85 Zip	Code
			لــــــــــــــــــــــــــــــــــــــ		FL reporation submits this statement for the purpose of c	hancina "	te registered
office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	orized by	the corpora	tition's board of directors. I hereby accept the appoint	ment as i	registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Reg	jistered Agen	t signature requi	ired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	DELETE	1.1 TITLE	Ì		☐ Change	e Addition
NAME	JACQUEMIN, PATRICK		1.2 NAME				
STREET ADDRESS	11047 S.W. 138TH PLACE		1.3 STREET	ADDRESS			j
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST	r-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	}		☐ Change	e ☐ Addition
NAME	SPIEGELBERG, ANDREA		2.2 NAME				
STREET ADORESS	11047 S.W. 138TH PLACE		2.3 STREET	ADDRESS			}
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY- S	T-ZIP		[] Change	Addition
TITLE		☐ DELETE	3.1 TITLE	1		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			33STREET	Y			Ţ
CITY-ST-ZIP			3.4, CITY-S	T-ZIP		□ Change	B ∏ Addition
TITLE		☐ DELETE	4.1 TITLE	ĺ		L_I change	,Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET	ı			i
C/TY-ST-ZIP			4.4 CITY-S	T-ZIP		Channe	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	e 🔲 Addition
NAME			5.2 NAME]
STREET ADDRESS			5.3 STREET				ľ
CITY-ST-ZIP			5.4 CITY-S	t-ZIP			e 🔲 Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Change	a Madagon
NAME			6.2 NAME				{
STREET ADDRESS			6.3 STREET	ADDRESS			

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.

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CITY-ST-ZIP