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**May 05 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 # P95000040056 (0)
1. Corporation Name
TRANSEND CORPORATION



Principal Place of Business
**701 BRICKELL AVENUE
SUITE 1000
MIAMI FL 33131**

Mailing Address
**2105 ROCKLEDGE DR.
ROCKLEDGE FL 32955-5401
US**

2. Principal Place of Business

21 **1240 US HWY 1
2105 ROCKLEDGE DR**

22 **SUITE 3**

23 **ROCKLEDGE, FL**

24 **32955** 25 **USA**

2a. Mailing Address

26 **1240 US HWY 1**

27 **SUITE 3**

28 **ROCKLEDGE, FL**

29 **32955** 30 **USA**

3. Date Incorporated or Qualified
05/19/1995

3a. Date of Last Report
04/15/1996

4. FEI Number
59-3361304

Applied For
 Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D MANHADO, GILBERTO**
STREET ADDRESS **RUA DR. JOAO INACIO, 1165**
CITY-ST-ZIP **PORTO ALEGRE, BRAZIL** *misspelling*

1.1 TITLE Change Addition
1.2 NAME **MACHADO, GILBERTO**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **P THOMAS G. BRADFORD**
STREET ADDRESS **2105 ROCKLEDGE DR.**
CITY-ST-ZIP **ROCKLEDGE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

Thomas G. Bradford **THOMAS G. BRADFORD** **117738 11/20/97**

CR2E034 (9/96)