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Jan 22 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 # P95000088632 (1)

1. Corporation Name

MEGA TRANS AMERICA, INC.



Principal Place of Business

10890 N.W. SOUTH RIVER DRIVE
MIAMI FL 33178

Mailing Address

10890 N.W. SOUTH RIVER DRIVE
MIAMI FL 33178-1129

3. Date Incorporated or Qualified

11/16/1995

3a. Date of Last Report

10/30/1996

2. Principal Place of Business

21 7724 N.W. 64th St.

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33166

Country

25 DADE

2a. Mailing Address

26 7724 N.W. 64th St.

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33166

Country

30 DADE

4. FEI Number

65-0627515

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

BUURMAN, MARCEL
10890 N.W. SOUTH RIVER DRIVE
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name Buurman Marcel

82 Street Address (P.O. Box Number is Not Acceptable)

7724 N.W. 64th Street

83

84 City Miami

FL

85 Zip Code

33166

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 DP
NAME BUURMAN, MARCEL
STREET ADDRESS 10890 N.W. SOUTH RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33178
☐ DELETE

TITLE VD
NAME BUURMAN, KAREN
STREET ADDRESS 10890 N.W. SOUTH RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33178
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Buurman, Marcel
1.3 STREET ADDRESS 7724 N.W. 64th St.
1.4 CITY-ST-ZIP Miami, FL 33166
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Buurman, Karen
2.3 STREET ADDRESS 7724 N.W. 64th St.
2.4 CITY-ST-ZIP Miami, FL 33166
☒ Change ☐ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

Date

(305) 594-3334

Daytime Phone #

0241548

CR2E034 (9/96)