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Feb 24 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 # P96000012183 (5)

1. Corporation Name
TRANSAMERICA EXPRESS OF MIAMI CORP.



Principal Place of Business
POST OFFICE BOX 527501
MIAMI FL 33152

Mailing Address
POST OFFICE BOX 527501
MIAMI FL 33152-7501

3. Date Incorporated or Qualified
02/08/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8014 NW 66 ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FLORIDA

28

Zip

Country

Zip

Country

24 33166

25

USA

29

30

4. FEI Number

65-0643664

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

10. Name and Address of New Registered Agent

TALAVERA, ULISES M
8290 LAKE DRIVE APT. 512
MIAMI FL 33166

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 fee, if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS
NAME TALAVERA, ULISES M
STREET ADDRESS 8290 LAKE DRIVE APT. 512
CITY- ST- ZIP MIAMI FL 33166

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

Change Addition

TITLE P
NAME CRAMER, GUILLERMO
STREET ADDRESS 8290 LAKE DRIVE APT. 512
CITY- ST- ZIP MIAMI FL 33166

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 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: Ulises M. Talavera ULISES M. TALAVERA

2/17/97

305-640-0636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)