FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012183 (5)

TRANSAMERICA EXPRESS OF MIAMI CORP.

FILED Feb 16 1998 8:00am Secretary of State



Principal Place	of Business	Mailing	Address			I IONISON LIB IONIO GNATI GOLIN BALLE GOLI	1) 48191 11876 BIBL 11981 11	198 1517 1881
BOI 4 NW BETH ST POST OFFICE BOX 527501				101				
MIAMI FL 3311	66	MIAMI	MIAMI FL 33152			DO MOT MODITE IN THIS COMOS		
U\$						DO NOT WRITE IN THIS SPACE		
					4	3. Date Incorporated or Qualified 02/08/1996		
2. Principal Pla	ace of Business	2a. Mai	2a. Mailing Address			4. FEI Number	A	pplied For
21		26	26			65-0643664	No.	ot Applicable
Suite, Apt. (¥, otc	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	Certificate of Status Desired \$8.75 Additional Fee Required	
City & State)	City	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country		Zip Cou		У	8. This corporation owes or has paid the current year Intangible		
24	25	29		30		Personal Property Tax due June 30. Yes No		
	9. Name and Address	of Current Registered	d Agent			10. Name and Address of New Reg	pistered Agent	
	AVERA, ULISES M			8	Name			
8290 LAKE DRIVE APT. 512				8:	82 Street Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33166						·	
				8	3			
				8	City		85 Zip	Code
								i
11. Pursuant t office or re agent. I ar	o the provisions of Sectio egistered agent, or both, in familiar with, and accep	ns 607.0502 and 607.15 in the State of Florida S it the obligations of, Sec	508, Florida Statu uch change was blion 607.0505, F	tes, the abo authorized t lorida Statut	ve-named corpora by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing li it the appointment as	ts registered registered
SIGNATURE								
	Signature, typed or pointed harne o				gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DIRECTOR	00 IN 12
12.	VS OF	ICERS AND DIRECTOF	TS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition
TITLE		A.I	ביין מנונונ	1.1 TITLE	1		L_I Ottorigo	
NAME	TALAVERA, ULISES			1.2 NAMI				
STREET ADDRESS	8290 LAKE DRIVE	4F1. 31Z			T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		DELETE	1.4 CITY			Change	Addition
TITLE	P COAMED CHILLED	un.	L DELETE	2 1 TITLE			C outside	
NAME	CRAMER, GUILLER			2.2 NAM		•		
STREET ADDRESS	8290 LAKE DRIVE	471. 312			ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		DELETE	2. 4 CITY			Change	Addition
TITLE				3.1 TITLE				
NAME				3.2 NAM				
STREET ADDRESS					ET ADDRESS			j
CITY-ST-ZIP			DELETE	3.4. CiTY 4.1 TITLE			Change	Addition
TITLE			ריין מנונונ				C. Change	
NAME				4. 2 NAM	- 1			
STREET ADDRESS					ET ADDRESS			
CITY-S1-7IP			DELETE	4.4 CITY 5.1 TITLE			Change	Addition
TITLE			☐ DELETE				□ cisaide	Podition
NAME				52 NAM				
STREET ADDRESS					ET ADDRESS			
CITY-S1-ZIP			T Recess	5.4 CITY			Change	Addition
TITLE			DELETE	6.1 TITUE			∟ cusange	L Addition
NAME				6.2 NAM				
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP				6.4 CITY	- \$T - ZIP			

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

SIGNATURE:

305-640-0636