

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

FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000016299 1. Corporation Name TRANS AMERICAN TITLE INC.			
Principal Place of Business 4786 W. COMMERCIAL BOULEVARD TAMARAC, FLORIDA 33319		Mailing Address	
2. Principal Place of Business 21 Suite Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite Apt #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 2/19/96		3a. Date of Last Report N/A	
4. FEI Number 65-0646445		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 MARGARITA LEYVA 18290 MEDITERRANEAN BLVD. APT. # 505 MIAMI, FLORIDA 33015		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <i>Margarita Leyva</i> DATE 2/5/97			
12. OFFICERS AND DIRECTORS TITLE PRESIDENT ☒ DELETE NAME ISABEL EVERTZ STREET ADDRESS 21476 N.W. 40 CIRCLE COURT CITY-ST-ZIP MIAMI, FLORIDA 33055 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT ☐ Change ☒ Addition 1.2 NAME MARGARITA LEYVA 1.3 STREET ADDRESS 18290 MEDITERRANEAN BLVD. APT. 505 1.4 CITY-ST-ZIP MIAMI, FLORIDA 33015 2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition 2.2 NAME RICARDO MOLERO 2.3 STREET ADDRESS 8200 N.W. 53 COURT 2.4 CITY-ST-ZIP LAUDERHILL, FLORIDA 33351 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 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)(j), 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.			