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

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026089 (8)

TRANSATLANTIC IMPEX CORP.

Principal Place of Business Mailing Address
4708 WHITE TAIL LANE 4708 WHITE TAIL LANE
SARASOTA FL 34238 SARASOTA FL 34238
US
US

Country

9. Name and Address of Current Registered Agent

25

JAENSCH, PETER J

FILED Mar 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

Yes

8. This corporation owes or has paid the current year intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Not Applicable

03/25/1996

65-0654084

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

SARASOTA FL 34239				82 Street Address (P.O. Box Number is Not Acceptable)				
SA.	NAGOTA EL 34238		83	 				-
			L.	<u> </u>				
			84	City	' FL	85 Zip C	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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
BIGINATURE	Signature, typed or printed name of registered agent and title it applics	able. (NOTE: Re	gistered Age	ent sign	ature required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12	
TITLE		DELETE	1.1 TITLE			☐ Change	Addition	٦
NAME	LAU, DIETER		1.2 NAME					۶
STREET ADDRESS	4708 WHITE TAILE LANE		1.3 STREET	ADDRE	ss			15
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CITY - 9	ST-ZIP				8
TITLE	0	☐ DELETE	21 TITLE			Change	Addition	٦Ç
NAME	LAU, BRIGITTE		2.2 NAME					ŀ
STREET ADDRESS	4708 WHITE TAILE LANE		2.3 STREET	ADDRE	SS			
CITY-ST-ZIP	SARASOTA FL 34238		2.4 CITY-1	ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change	Addition	ij.
NAME			3.2 NAME					1
STREET ADDRESS			3.3 STREET	ADDRE	ss			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition	+
NAME		I	4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRE	ss		_	
CITY-ST-ZIP			4.4 CITY-S	T-ZiP				j
TITLE		DELETE	5.1 TITLE			Change	Addition	ן.
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRE	ss			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				_[
TITLE		DELETE	6.1 TITLE			Change	Addition	П
NAME			6.2 NAME					
STREET ADDRESS		ı	6.3 STREET	ADDRE	38			ľ
CITY-ST-ZIP			6.4 CITY - S					╛
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 chapted, or on an attachment without address.								

Country

81 Name

30