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

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000026089

1. Corporation Name

TRANSATLANTIC IMPEX CORP.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
[21] 8499 S. TAMIAMI TRAIL	[26] 8499 S. TAMIAMI TRAIL	65-0654084	Not Applicable
Suite, Apt. #, etc. [22] SUITE #271	Suite, Apt. #, etc. [27] SUITE #271	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State [23] SARASOTA	City & State [28] SARASOTA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip [24] 34238 Country [25] USA	Zip [29] 34238 Country [30] USA	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAENSCH, PETER J 3400 S TAMIAMI TRAIL, SUITE 303 SARASOTA FL 34239	[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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	LAU, DIETER		1.2 NAME	LAU, DIETER	
STREET ADDRESS	4708 WHITE TAILE LANE		1.3 STREET ADDRESS	8499 S. TAMIAMI TRAIL, SUITE #271	
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	LAU, BRIGITTE		2.2 NAME	LAU, BRIGITTA	
STREET ADDRESS	4708 WHITE TAILE LANE		2.3 STREET ADDRESS	8499 S. TAMIAMI TRAIL, SUITE #271	
CITY-ST-ZIP	SARASOTA FL 34238		2.4 CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_   04-12-99   941-908 0526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)