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May 13 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 # **P96000035192 (9)**

1. Corporation Name
TRANSCONTINENTAL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~3191 CORAL WAY, STE. 1005~~ ~~MIAMI FL 33145~~	~~3191 CORAL WAY, STE. 1005~~ ~~MIAMI FL 33145-8218~~

3. Date Incorporated or Qualified: 04/23/1996
3a. Date of Last Report:

2. Principal Place of Business
21: ~~SAME~~ 338 MONOLCA AVENUE
22: Suite, Apt. #, etc.:
23: City & State: CORAL GABLES, FLORIDA
24: Zip: 33134
25: Country: USA

2a. Mailing Address
26: 338 MONOLCA AVENUE
27: Suite, Apt. #, etc.:
28: City & State: CORAL GABLES, FLORIDA
29: Zip: 33134
30: Country: USA

4. FEI Number: 65-0659874 ☐ 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

PADRON, CARLOS E
~~3191 CORAL WAY, STE. 1005~~
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: PADRON, CARLOS E.
82 Street Address (P.O. Box Number is Not Acceptable): 338 MONOLCA AVENUE
83:
84 City: CORAL GABLES **FL** 85 Zip Code: 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARLOS E. PADRON		1.2 NAME		
STREET ADDRESS	338 MONOLCA AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134		1.4 CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOSE M. ALVAREZ		2.2 NAME		
STREET ADDRESS	338 MONOLCA AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		2.4 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MIGUEL DACOSTA		3.2 NAME		
STREET ADDRESS	338 MONOLCA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134		3.4 CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JESUS E. PEREZ		4.2 NAME		
STREET ADDRESS	338 MONOLCA AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		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 ☐ Add
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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; 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: SIGNATURE REQUIRED