

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

FILED

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 # P96000036733 (9)

1. Corporation Name

TRANSCARIBBEAN TRANSPORT CO. LONG TERM DIVISION

Principal Place of Business

19190 NORTHWEST 22ND STREET
PEMBROKE PINES FL 33029

Mailing Address

19190 NORTHWEST 22ND STREET
PEMBROKE PINES FL 33029-4804



3. Date Incorporated or Qualified

04/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 16229 N.W. 20th street

Suite, Apt. #, etc.

22

City & State

23 Pembroke Pines, FL

Zip

24 33028

Country

25 U.S.A.

2a. Mailing Address

26 18459 Pines Blvd.

Suite, Apt. #, etc.

27

Suite # 140

City & State

28 Pembroke Pines, FL

Zip

29 33029-1400

Country

30 U.S.A.

4. FEI Number

65-0677562

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

SINGER, BERNARD A
4700 SHERIDAN STREET STE B
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME ROUZIER, SOPHIA
STREET ADDRESS 19190 NORTHWEST 22ND STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE STD ☐ DELETE

NAME ROUZIER, MAGALY
STREET ADDRESS 19190 NORTHWEST 22ND STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ DELETE

NAME ROUZIER, JEAN
STREET ADDRESS 19190 NORTHWEST 22ND STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

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 PD ☒ Change ☐ Addition

1.2 NAME Rouzier, Sophia
1.3 STREET ADDRESS 18459 Pines Blvd. Suite 140
1.4 CITY-ST-ZIP Pembroke Pines, FL 33029-1400

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME Rouzier, Magaly
2.3 STREET ADDRESS 18459 Pines Blvd. Suite 140
2.4 CITY-ST-ZIP Pembroke Pines, FL 33029-1400

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Rouzier, Jean
3.3 STREET ADDRESS 18459 Pines Blvd. Suite 140
3.4 CITY-ST-ZIP Pembroke Pines, FL 33029-1400

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROUZIER MAGALY ROUZIER

April 28 1997

954 450 8207

CR2E034 (9/96)