

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000054751 (8)

1. Corporation Name

TRANSCABUR, CORP.



Principal Place of Business

453 BRICKELL AVENUE  
SUITE 2-B  
MIAMI FL 33131

NEW ADDRESS

Mailing Address

453 BRICKELL AVENUE  
SUITE 2-B  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

65-0681599

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 915 N.W. 1st AVENUE

2a. Mailing Address

26 915 N.W. 1st AVENUE

22 Suite, Apt. #, etc.

22 H-2313

27 Suite, Apt. #, etc.

27 H-2313

23 City & State

23 MIAMI - FL

28 City & State

28 MIAMI - FL

24 Zip

24 33136

25 Country

25 USA

29 Zip

29 33136

30 Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LANDAETA, HECTOR A  
453 BRICKELL AVENUE  
SUITE 2-B  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

HECTOR A. LANDAETA

82 Street Address (P.O. Box Number is Not Acceptable)

915 N.W. 1st AVENUE

83

SUITE H-2313

84

MIAMI

FL

85

Zip Code  
33136

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

*Hector A. Landaeta*  
Signature, typed or printed name, registered agent title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-13-98

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME BUNSTER, PATRICIA  
STREET ADDRESS 453 BRICKELL AVENUE STE 2-B  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME LANDAETA, HECTOR A  
STREET ADDRESS 453 BRICKELL AVENUE STE 2-B  
CITY-ST-ZIP MIAMI FL 33131

TITLE M ☐ DELETE

NAME BUNSTER, PATRICIA  
STREET ADDRESS 453 BRICKELL AVE STE 2-B  
CITY-ST-ZIP MIAMI FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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

*Hector A. Landaeta*

4-13-98

(305) 579-9117

CR2E034 (10/97)