## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000058913 (0)

TRANS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUL 23 M110: 16



1851 N.E. 62ND STREET. #606			1851 N.E. 62ND STREET, #606					
FT. LAUDERDALE FL 33308		FI. LAUDENL	FT. LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 07/15/1996	3a. Date of L.	ast Report
2. Principal Pla	ace of Business	2a. Mailing A	2a. Mailing Address			A CCIAI	2027	Applied For
21		26				4. FEI NUMBER 65-068		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
22	·····	27				U. Commente di State di Sosii da	F6	e Required
City & State		City & Sta	City & State			6. Election Campaign Financing		.00 May Be
23		28	- <del></del>			Trust Fund Contribution		
Zip	Country	Zip	ļ	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30 Sant			Personal Property Tax due June 30. Yes KNo  10. Name and Address of New Registered Agent		
	9. Name and Address of Cu	rrent Hegistered Agei	<u> </u>	81	Name	10. Name and Address of New Re	gistered Agent	
	MARCEL		Name					
	1 N.E. 62ND STREET, #606		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
F1. i	LAUDERDALE FL 33308							
				83				
				84	City		FL  85	Zip Code
11. Pursuant to the provisions of Soctions 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, and accept the obligations of Section 607,0505. Florida Statutes.								
SIGNATURE								
					iuper erutangia tre	red when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	KIF MARCE		DELETE	1.1 THEE			Cha	
NAME	OFICER	1.2		1.2 NAME		100002247571 -07/25/9701030010		1 8
STREET ADDRESS	1851 HE62nd ST - N 222		22 04	1.3 STREET ADDRESS		-U(/ <i>2</i> 5/	3701030	)U1U
CITY - ST - ZIP	FILLAUSCES	[ ] 3	330 <u>k</u>	1.4 CITY - S	ST - ZIP	****16		*165.00
TITLE		L	DELETE	2.1 TITLE			☐ Cha	ange L Addition
NAME			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP			
TITLE			DELETE	3.1 TITLE			Cha	ange L. Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP	······································			3.4. CITY-	ST - ZIP			
TITLE		L	DELETE	4.1 TITLE		Ol.	☐ Cha	ange 🔲 Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS	7/25		
CITY-ST-ZIP				4.4 CITY - S	61 - ZIP	110 -		
TITLE		Li	DELETE	5.1 TITLE			L Cha	ange 🔲 Addition
NAME			•	5.2 NAME				
STREET ADDRESS			İ	5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S	ST - 7/P		· · · · · · · · · · · · · · · · · · ·	
TITLE			DELETE	6.1 TITLE			Ch:	ange 🔲 Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - 9				
14. I do hereb	v certify that the information sur-	plied with this filincado	es not qualify f	or the exe	emption state	d in Section 119.07(3)(i), Florida Statute	s. 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 logal offect as if made under eath; that I am an officer or director of the corporation or the receiver of true end appears in Block 12 or Block 13 if changed, or on in attach your with an address.