

**PROFIT CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058913

1. Corporation Name
TRANS INTERNATIONAL, INC.

Principal Place of Business
**1851 N.E. 62ND STREET, #606
FT. LAUDERDALE FL 33308**

Mailing Address
**1851 N.E. 62ND STREET, #606
FT. LAUDERDALE FL 33308**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -4 PM 12:28



DO NOT WRITE IN THESE SPACES

07/15/1999

2 Principal Place of Business 21 6860 Nova Dr Suite, Apt. #, etc.	2a. Mailing Address 26 6860 Nova Dr. #201 Suite, Apt. #, etc.	4. FEI Number 65-0683937	Applied For Not Applicable
22 201	27	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Davie FL City & State	28 Davie, FL City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 33317 Zip Country	29 33317 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**RIF, MARCEL
1851 N.E. 62ND STREET, #606
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent Signature required when registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☒ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	GABRIELA RIF	1.2 NAME	Director
STREET ADDRESS	1851 N.E. 62ND STREET # 606	1.3 STREET ADDRESS	6860 Nova Dr., 201
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	1.4 CITY-ST-ZIP	Davie, FL 33317
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	200003013002--3
STREET ADDRESS		3.3 STREET ADDRESS	-10/13/99--01002--013
CITY-ST-ZIP		3.4 CITY-ST-ZIP	***61.25 ***61.25
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 AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

7/15/99

954-577-9025

Date

Daytime Phone #

CR02034 (1/1/98)