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FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000074090 (7)  
1. Corporation Name  
TRANSCOL, CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 401-69TH ST. 16N MIAMI BEACH FL 33141 US		Mailing Address P.O. BOX 680697 MIAMI FL 33168-0697 US	
2. Principal Place of Business 21 2950 NW 75th Ave Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33122 Country 25 USA		2a. Mailing Address 26 P.O. Box 680697 Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33168-0697 Country 30 USA	
3. Date Incorporated or Qualified 09/03/1996		4. FEI Number 65-0692378 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GUEVARA, FERNANDO 401-69 STREET, APT. #16-N MIAMI BEACH FL 33141		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 607.0508, 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP P GUEVARA, FERNANDO 401-69TH ST., 16N MIAMI BEACH FL [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP President Fernando Guevara 700 NE 63rd #D201 Miami, FL 33137 [X] Change [ ] Addition 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] Change [ ] Addition	

SIGNATURE: *[Signature]*

4-20-98 861-9269

CR2034 (10/97)