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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State; DIVISION OF CORPORATIONS May 06, 1999 8:00 am Secretary of State 05-06-1999 90166 019 ***150.00

1999

960 000 87796 (X) **DOCUMENT #** 1. Corporation Name TRANSMENIC

Principal Place of Business

Principal Place of Business

Sunc, Apt. #, etc.

999 W. F14GER MIAMI, FI. 33130 Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

9515.W. 68B CT. \$ ~ MIAMI, Fl. 331XV

DO NOT	WDITE	INI THIS	SOACE

Applied For Not Applicable

\$8.75 Additional

2∫		27			5. Certificate of Status Desired	Fee Re	pariup
City & State	e	City & State	.,		6. Election Campaign Financing	\$5.00	May Be
		28	1,		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year t	Ξ.	_
	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Cur		81	Name	10. Name and Address of New Registere	d Agent	
\mathcal{L}	OTOS ME RO	11411	61	Name			
POTOSME, RONALD 951 S.W. 68TH COUNT #2 MIÁMI, FI. 33144		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
		03					
а	11amil FI	33/44	83				
•	(1911) / 1.	, , ,	84	City		85 Zip C	ode
					F		i-torad
 Pursuant t office or re 	to the provisions of Sections 607.0 egistered agent, or both, in the Sta)502 and 607.1508, Florida Sta ate of Florida. Such change wa	itutes, the above s authorized by	e-named corp the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	jistered
agent. I an	n familiar with, and accept the obl	igations of, Section 607.0505,	Florida Statutes.		· , , , ,	_	•
SNATURE							
	Signature, typed or printed name of registered		OTE: Registered Agen	signatike require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
	D C	AND DIRECTORS	13. ,		ADDITIONS/CHANGES TO OFFICERS	Change	Additi
E	8-		12 NAME				
IE	POTOSME, RO 951. S.W. 688 MIAMI, FI.	NACO TA	13 STREET	ADDRESS			
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PRESIDENT

305-324-6200

Daytime Phone #