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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

(305) 598-2601

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700000348 (7)

TRANSFORMANCE, INC.

Principal Place of Business Mailing Address							DI MID IBNIM IBBNI BONA EDAN OBIN		HED WINSTO	
7890 SW 117TH AVE SUITE 100 MIAMI FL 33183		7990 SW 117TH AVE SUITE 100 MIAMI FL 33183-3832								
						3. Date Incorporated or Qualified 3a. Date of Last Report 12/27/1996				
	lace of Business	2a. Mailing Address				FEI NO		`	P	Applied For
21 /25/	26 12515 N.	12515 N. Kendell Drive			65	-0741129	<u> </u>		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. # 22 Suite 406 27 Suite						5. Certific	cate of Status Desired			Additional
22 5017 City & State	27 Suite 406	City & State							Pequired	
23 Mia (		1			, ·		on Campaign Financing Fund Contribution			May Be to Fees
Zip	Country	28 Miami, Fl	Cour	ilry						
24 33/		29 33/86 30			'	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes ☐ No				
	9. Name and Address of Current I	Registered Agent			16	). Name	and Address of New Ro	gistered /	Agent	
	EY, BARRY L		{	31 Name						
ONE EAST BROWARD BLVD 82					Address	(P.O. Box	Number is Not Accepta	ole)		
SUITE 1609				33						
FT LAUDERDALE FL 33301			- 1°	53						
			i li	34 City				FL	<b>85</b> Zip	Code
11 Purcuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the a	ove-named	Corporati	ion subm	its this statement for the		changing	ite ranietarad
office or r	egistered agont, or both, in the State of mamiliar with, and accept the obligation	f Florida. Such change was aut	horize	by the car	poration's	board o	f directors. I hereby acce	pt the app	ointment a	s registered
	m lamiliar with, and accept the obligati	ons or, section 607.0505, Fronc	ia Sia	ies.						
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable (NCITE: R	egiste d	Agen: signa;ure	required who			DATE		
12.	OFFICERS AND		13.		,	ADDIT	ONS/CHANGES TO OFFI	CERS AND		
TITLE	D	[] DELETE	1.5 T	F	ļ				Change	☐ Addition
NAME	HERTZ, PAUL			1 <u>E</u>	10.51	c II.	Kendall Drive	, Suit	e 406	
STREET ADDRESS	7990 SW 117TH AVE SUITE 100 MIAMI FL 33183			· E1 ADDRESS	/6/.5/ .	, ,,,	33186		,	
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TITLE		DELETE	3.11	J. 2					Change	Addition
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NAME	li .		4. E		1					
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STREET ADDRESS			5.3 S	1 ADDRESS	ļ					
CITY-ST-ZIP TITLE		DELETE	5.4 C 6 1 TI	- ST - 7(P				·····	☐ Change	Addition
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STREET PROVIDESS			0.5 51	· noontaa	J					

14. I do 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 abruval report of supplied entry and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the comporation or the deeper 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 changing, or gry an attachment with an address.

out Hertz