


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90106 010 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P97000024066**

1. Corporation Name

TRANSAMERICA SERVICES OF MIAMI, INC.

Principal Place of Business

**4315 NW 7TH ST
STE 41
MIAMI FL 33126**

Mailing Address

**4315 NW 7TH ST
STE 41
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

65-0741048

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 4315 NW 7th St

Suite, Apt. #, etc.

22 Ste-7

City & State

23 Miami, Florida

Zip Country

24 33126

25

2a. Mailing Address

26 4315 NW 7th St.

Suite, Apt. #, etc.

27 Ste-7

City & State

28 Miami, Florida

Zip Country

29 33126

30

9. Name and Address of Current Registered Agent

**MARTIN, RAUL JR
4315 NW 7TH ST
STE 41
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

RAUL MARTIN JR

82 Street Address (P.O. Box Number is Not Acceptable)

4315 NW 7th ST

83

STE-7

84 City

MIAMI

FL

85 Zip Code

33126

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MARTIN, RAUL JR**
STREET ADDRESS **2355 NW 9TH ST**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **DT** ☐ DELETE
NAME **DE LA CRUZ, JOSE R**
STREET ADDRESS **18815 NW 62ND AVE, #105**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **DS** ☐ DELETE
NAME **CONCEPCION, MARTIN**
STREET ADDRESS **2355 NW 9TH ST**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 SIGNING OFFICER OR DIRECTOR

1/16/99

Date

(305) 774-9595

Daytime Phone #

CR2E034 (1/98)