**FILED** 

03-11-1999 90194 005 \*\*\*158.75

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000033165

1. Corporation Name

TRANS	EC INTERNATIONAL EXPO	R1, INC.				
		14-02 Add			4991 <b>00100</b> 111 <b>00</b> 11681 11010 9	
Principal Place		Mailing Address	15.17			
	DERAL HIGHWAY	777 SOUTH FEDERAL HIGHW SUITE RP809	IAY			
SUITE RP809 SUITE RP809 POMPANO BEACH GL 33062 POMPANO BEACH GL 33062				DO NOT WRITE	IN THIS SPACE	
TOWN THE DES	511 GE 4465E			3. Date Incorporated or Qualifed		
				04/14/1997		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
21		26		65-07437 <u>45</u>	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27		J. Octaiosic of Cisico Document	ree Rec	
City & State	04.1 / - 4 - 7 - 1	City& State	3000	6. Election Campaign Financing	\$5.00	
23 POM	PANO DEACH, TL	28 FOMPANO		Trust Fund Contribution	Added to	o Fees
Zip	Country '	Zip	Country	8. This corporation owes the current	year Intangible	<b>A</b> v.
24	25		10	Personal Property Tax.  10. Name and Address of New Reg		⊠N∘
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent	
ANACI	DII AMIVED CHADTEDED		$      / \mathcal{F}_{n_i}$	IIN M. ORNEK	•	
AMERILAWYER CHARTERED  343 ALMERIA AVENUE				dress (P.O. Box, Number, is Not Acceptable	00000	
	AL GABLES FL 33134		V777	. s- Federal Hwy #	ERP 809.	
COR	AL GABLES FL 33134		83	_		
			84 <u>£i</u> ty	20.40.4	85 Zip C	062
			Pou	PANO BEACH	FL 33	<u>062</u>
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 of the purpose of the purpose of changing its registered of the purpose of the p						
agent. I a	m familia-with, and accept the obliga	tions of Section 607.0505, Florid	ia Statutes.		8/0/05	
SIGNATURE	Se Kum	1/ }	JEMIN I	M. ORNEK	70171	
	Signature, typed or printed hame of registered ager		Registered Agent signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE /	DS IN 12
12.		ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OTTIC	Change	Addition
TITLE	PSTD CONTRACTOR OF THE PST AND	Detere				_
NAME	ORNEK, EMIN M	.v	1.2 NAME	777 G Federal HI	chway RF	809
STREET ADDRESS	777 SOUTH FEDERAL HIGHWA	NY	1.3 STREET ADDRESS	777 So. Federal HA FOMPANO BEACH 1	33061	,
CITY-ST-ZIP	POMPANO BEACH GL 33062	☐ DELETE	1.4 CITY-ST-ZiP	TOMPHIO BEACH	☐ Change	Addition
TITLE			2.1 11142		onange	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE		onlingo	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		□ bereze	3.4. CITY-ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE			
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		( ) DELETE	4.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		,	5.4 CITY-ST-ZIP 61 TITLE		☐ Change	Addition
TITLE		☐ DELETE				
NAME .			6.2 NAME			
STREET ADDRESS	l .		6 3 STREET ADDRESS			

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 trostee 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.

FICER OF DIRECTOR

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND THE ED OF

STREET ADDRESS