

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000099347**

1. Corporation Name

TRANSTECH SYSTEMS INC.

Principal Place of Business

**8567 CORAL WAY, #373
MIAMI FL 33155**

Mailing Address

**8567 CORAL WAY, #373
MIAMI FL 33155**

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90009 039 ***550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

65-0795885

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. ☐ Yes ☐ No

2. Principal Place of Business

21 11700 NW 101 Rd.

2a. Mailing Address

26 11700 NW 101st RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 1

27 SUITE 1

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

Country

24 33178

25 USA

Zip

Country

29 33178

30 USA

9. Name and Address of Current Registered Agent

**DUARTE, RICHARD
2937 S.W. 27TH AVE., SUITE 100-A
COCONUT GROVE FL 33133**

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 607.1508, 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 **PSD**
NAME **DEVESON, DANIEL A**
STREET ADDRESS **9516 TIMBERLAKE RD. #101**
CITY-ST-ZIP **LYNCHBURG VA 24502**

☐ DELETE

TITLE **VPTD**
NAME **PATALLO, IDALECIO F**
STREET ADDRESS **1800 SW 103 AVE.**
CITY-ST-ZIP **MIAMI FL 33165**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSD**
1.2 NAME **DEVESON, DONIELA.**
1.3 STREET ADDRESS **16344 SW 103 TERR**
1.4 CITY-ST-ZIP **MIAMI, FL. 33196**

☒ Change ☐ Addition

2.1 TITLE **VPTD**
2.2 NAME **PATALLO, IDOLECIO**
2.3 STREET ADDRESS **1800 SW 103rd AVE.**
2.4 CITY-ST-ZIP **MIAMI, FL. 33165.**

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)