05-24-1999 90015 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000037821

1. Corporation Name TRANSOUTH CORPORATION

Principal Place of Business

STE 206 MIAMI FL 33155 Mailing Address

7951 SW 40 STREET STE 206

MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/27/1998

2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Арр	lied For	
	N.W. We COURT	26 17515 N.W.	do COUL	1 65-0831508	Not	Applicable	
Suite, Apt.		Suite, Apt. #, etc.	PO COURT		\$8.75 AG	dditional	
22	.,,	27 /		5. Certifcate of Status Desired	Fee Req	uired	
City & State	•	City & State		6. Election Campaign Financing	\$5.00 N	/lay Be	
23 MIAM	11, FL	28 MIAMI, FL		Trust Fund Contribution	Added to	Fees	
Zip	Country		ountry	8. This corporation owes the curre			
24 3301	25 <i>V.S.</i>	29 330/5 30	<i>U.S.</i>	Personal Property Tax.]No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALAR ALARA A							
DIAZ, RICARDO A				DIAZ, LICALDO A.			
7951 SW 40 STREET				ddress (P.O. Box Number is Not Acceptable 15/5 N.W. 66 COVE	ole)		
				7515 N.W. 64 COUR	7		
STE 206						-	
MIAMI FL 33155					85 Zip Ci	nde	
				MAM	FL <i>33</i>	3015	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above-named o	corporation submits this statement for the p	urpose of changing its r	egistered istered	
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 (amiliar with, and acceptine obligations of, Section 607.0505, Florida Statutes.							
1/- (1) RIADEND A NIDE DOKINGNIT 4/3/144							
SIGNATURE	Signature, typed or printed name of registered agent		red Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS 1	3.	ADDITIONS/CHANGES TO OFF			
TITLE	PVST	☐ DELETE 1.1	TITLE	P.T.D.	Change	Addition	
NAME	DIAZ, RICARDO A	1.2	NAME	DIAZ, LICALDO A.	/~		
STREET ADDRESS	17295 NW 60 COURT	1.3	STREET ADDRESS	19615 N.W. Ide COVET			
CITY-ST-ZIP	MIAMI FL 33015	. 14	I CITY-ST-ZIP	MIAMI, FL 33015		,	
TITLE	D			VP. 5. D.	☐ Change	Addition	
NAME	DIAZ, RICARDO A		NAME	A A A A A CALOR		/	
STREET ADDRESS	17295 NW 60 COURT		STREET ADDRESS	DIAL BALL COLO COURT			
	MIAMI FL 33015		4 CTY-ST-ZIP	0142 BRENUA COULT 17515 N.W. 66 COULT MIAMI, FL 33015			
CITY-ST-ZIP TITLE	1411 1 1 2 333 73		I TITLE	minimit, ve sour	☐ Change	Addition	
		i	NAME				
NAME			STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP			I. CITY-ST-ZIP		Change	Addition	
NAME		_	2 NAME		<u></u> 9-		
			S STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP		☐ Change	Addition	
TITLE			NAME				
NAME		•	STREET ADDRESS				
STREET ADDRESS			CITY-ST-ZIP				
CITY-ST-ZIP			TITLE		☐ Change	Addition	
TITLE ,					L_I change		
NAME	• •		NAME				
STREET ADDRESS	s de la companya de		STREET ADDRESS	,			
C/TY-ST-ZIP	*	6.4	CITY-ST-ZIP				

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: