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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000038337			
1. Corporation Name TRANS-GLOBAL MORTGAGE GROUP INC.			
Principal Place of Business 85 GRAND CANAL DRIVE STE 203 MIAMI FL 33144		Mailing Address 85 GRAND CANAL DRIVE STE 203 MIAMI FL 33144	
2. Principal Place of Business 21 7805 SW 24 ST Suite, Apt. #, etc. 22 #126 City & State 23 MIAMI, FL. Zip 24 33155		2a. Mailing Address 26 7805 SW 24 ST Suite, Apt. #, etc. 27 #126 City & State 28 MIAMI FL Zip 29 33155 Country 30 USA	
9. Name and Address of Current Registered Agent SANCHEZ, MARIO JR 85 GRAND CANAL DRIVE STE 203 MIAMI FL 33144		10. Name and Address of New Registered Agent 81 Name SANCHEZ JR MARIO 82 Street Address (P.O. Box Number is Not Acceptable) 7805 SW 24 ST 83 #126 84 City MIAMI FL 85 Zip Code 33155	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input type="checkbox"/> DELETE	1.1 TITLE	SANCHEZ JR MARIO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MARIO JR	1.2 NAME	7805 SW 24 ST (Resident)
STREET ADDRESS	85 GRAND CANAL DR, STE 203	1.3 STREET ADDRESS	#126 MIAMI FL 33155
CITY-ST-ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP	MIAMI FL 33155
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MERCEDES G. ALFONSO
STREET ADDRESS		2.3 STREET ADDRESS	7805 SW 24 ST #126
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33155
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Andres Nodarse
STREET ADDRESS		3.3 STREET ADDRESS	7805 SW 24 ST #126
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33155
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)