


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).

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90013 010 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000057972 ✓  
 1. Corporation Name  
**TRANSTECH SYSTEMS CONSULTING, INC.**



Principal Place of Business: 8567 CORAL WAY, #373 MIAMI FL 33155  
 Mailing Address: 8567 CORAL WAY, #373 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 11700 NW 101RD.  
 2a. Mailing Address: 26 11700 NW 101 Road.  
 22 Suite, Apt. #, etc.  
 23 Medley, FL  
 24 Zip 33178  
 25 Country  
 27 Medley, FL  
 28 Zip 33178  
 29 Country

3. Date Incorporated or Qualified: 06/30/1998  
 4. FEI Number: 65-0847296  
 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

9. Name and Address of Current Registered Agent  
 DUARTE, RICHARD ESQ.  
 2937 SW 27 AVENUE  
 SUITE 100A GIFFORD HOUSE  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD
NAME	DEVESON, DANIEL A	1.2 NAME	DEVESON, DANIEL A
STREET ADDRESS	1300 SW 122 AVE. UNIT #121	1.3 STREET ADDRESS	16344 SW 103RD TERR
CITY-ST-ZIP	MIAMI FL 33184	1.4 CITY-ST-ZIP	MIAMI, FL. 33196
TITLE	VPTD	2.1 TITLE	
NAME	PATALLO, IDALECIO	2.2 NAME	
STREET ADDRESS	1800 SW 103 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
 7/8/99 (855) 865-3837  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)