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

, , , , , , ,	- 13041. LIEUTO LEE 141	TERRIBAT TOT TO	ψ000.00		
* COF	PROFIT RPORATION JAL REPORT	Katherin		ित्त (क्षेत्र) विकास	. •
-	1999 Secretary of State Division OF CORPORATIONS			991114 St 111 3:	14
		· ·			('';
DOCUMENT # P9800090478 TRANSITIRE, INC.				VILLE CONTRA	
Principal Plac	e of Business	Mailing Address		6 🔪 [INDÉNINAL MAIN MAIN MAIN THAN ANN ANN ANN ANN ANN ANN	ANTO BANKA BINTIN NABELI KANI ANDI
BO7 WASHINGTON STREET BO7 WASHINGTON STR				1	
		KEY WEST FL 33040		DO NOT WRITE IN THIS	COACE
				3. Date Incorporated or Qualified	SPACE
				10/23/1998	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0870429	Not Applicable
Suite. Apt. #, elc		Suite, Apt. #, etc		5. Certificate of Status Desired []	\$8.75 Additional
City & State		27 City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ₁ p	Country	Zip	Country	8. This corporation owes the current year Int.	tang ble
24	9. Name and Address of Current		30]	Personal Property Tax 10. Name and Address of New Registered.	
ALIC	OII ALENTO		81 Name i	legel & Utrera, P.A.	
	rilawyer Almeria avenue		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	ALMERIA AVENUE PAL GABLES FL 33134			Address (P.O. Box Number is Not Acceptable)	
UU	ML Choco I E COIST		83		
			84 City	Coral Gables FL	[85] Zip Code
11. Pursuant	to the provisions of Sections 607/0502	and 607.1508. Florida Statuter	s the above named c		cha idino its registered
office or r	egistered agent, or both, in the state o	of Florida Such change was aut	thorized by the corpor	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoin	ntment as registered
		era, r.a.	JA Otatines		
SIGNATURE	Signature lyred Natal Land Utor	era Vice-Pres		prest where recentate yp. DATE	12 (5) 5 (1)
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	ZENSINGER, DAVID J	[] DECE IF	1.1 TITLE 1.2 NAME	100002892	
NAME STREET ADDRESS	807 WASHINGTON STREET		1.2 NAME 1.3 STREET ADORESS	-06/02/99E	11044025
CITY-ST-ZIP	KEY WEST FL 33040		14 CITY-S1-ZiP	****150,00	
TITLE	STD	[.] DELETE	211littE	Free stores and the stores	[Change [Addition
NAME	ZENSINGER, MARCIA F		2.2 NAME		
STREET ADDRESS	807 WASHINGTON STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		2 4 CITY-S1-ZIF		
TITLE		[] DELETE	3 1 TITLE		[] Change [] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP TITLE		[DELETE	34 CITY-ST-ZIP		[Change [Addition
NAME		(Decrie	4 2 NAME		[] Subject Lines (4)
STREET ADDRESS			43 STREET ADORESS		
CITY-ST-ZiP			44 CITY-\$1-ZIP		
TITLE		[DELETE	5 1 THILE	•	[] hange [] Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADORESS		
CITY-ST-ZIP			5.4 C(TY - ST - ZIF)		
TITLE		[] DFLETE	6 1 TIFLE		[] Change
NAME			6 2 NAME 6 3 STREET ADDRESS		
STREET ADDRESS					

64City-S1-ZP

14. Thereby 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 furstee 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.

6.4 CiTY-S1-ZiP

SIGNATURE:

(305) 296-0550