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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 # P98000101584

1. Corporation Name
TIGERTRANS INTERNATIONAL VENTURES, INC.

Principal Place of Business	Mailing Address
1840 W. 49TH STREET SUITE 603-5 HIALEAH FL 33012	1840 W. 49TH STREET SUITE 603-5 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1998

2. Principal Place of Business
21: 2226 Mears Pkwy.
22 Suite, Apt. #, etc.: N/A
23 City & State: Margate, FL
24 Zip: 33063
25 Country: USA

2a. Mailing Address
26: Same as 2
27 Suite, Apt. #, etc.: N/A
28 City & State: Same as 2
29 Zip: Same as 2
30 Country: USA

4. FEI Number: 65-0908216 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HART, DAVID J
100 N. BISCAYNE BOULEVARD
SUITE 2600
MIAMI FL 33132

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEISHER, DAWN		1.2 NAME	
STREET ADDRESS	PO BOX 5 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	GERMISTON, 1400-SOUTH AFRICAOC		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Addition
NAME	LEISHER, MARK A		2.2 NAME	
STREET ADDRESS	PO BOX 5 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	GERMISTON, 1400-SOUTH AFRICAOC		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	ddition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	ddition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

Tiger Trans
FEI Number
65-0908216
inserted
above as
required
thank you.

CR2E034 (11/98)

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: Mark Leisher SIGNATURE REQUIRED (561)470-2370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #