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

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**PROFIT** Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name S30069 (6)TRANSOCEANIC TRADE CORP. Principal Place of Business Mailing Address 8618 NW 66TH STREET 8618 NW 66TH STREET MIAMI FL 33166 MIAMI FL 33014 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 02/05/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0244903 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Country Zip Country 6. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 ☐ Yes M No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 CASTILLO, XIOMARA J. 15665 MIAMI LAKEWAY NORTH 82 Street Address (P.O. Box Number is Not Acceptable) **APT. 104** 83 MIAMI FL 33014 84 City 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 applications of Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE

OF THE PROPERTY OF TH Xionaea ONITEAD . SIGNATUR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE GENERAL MANAGER/M Change 1.1 TITLE NAME CASTILLO, XIOMARA J. ACIEC OCCUANDA 12 NAME 15665 MIAMI LAKEWAY N., APT. 104 8618 N.W. 665t. STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL 33014 7L.33166 CITY-ST-ZIP 1.4 CITY-ST-ZIP MCAME VD DELETE Change TITLE 2.1 TITLE Addition **GUZMAN, LUIS E** NAME 2.2 NAME STREET ADDRESS 15665 MIAMI LAKEWAY N., APT, 104 2.3 STREET ADDRESS MIAMI FL 33014 CITY-ST-ZIP 2.4 CITY-ST-ZIP TS DELETE TITLE 3.1 TITLE Change ■ Addition DE CASTILLO, ANTONIA NAME 3.2 NAME 15665 MIAMI LAKEWAY N., APT. 104 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33014 CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ■ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 8.4 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), Fiorida 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 13/42/hagged, or on an attachment with an address.

CASTILLO NOLLIDA

**FILED**