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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90129 027 ***158.75

DOCUMENT # S30069

1. Corporation Name
TRANSOCEANIC TRADE CORP.

Principal Place of Business	Mailing Address
8618 NW 66TH STREET MIAMI FL 33166 US	8618 NW 66TH STREET MIAMI FL ~~33014~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1991

2. Principal Place of Business 21	2a. Mailing Address 26 8618 N.W. 66 St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Miami, FL
Zip 24 — Country 25	Zip 29 33166 Country 30 U.S.A.

4. FEI Number: 65-0244903 ☐ 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

CASTILLO, XIOMARA J.
15665 MIAMI LAKEWAY NORTH
APT. 104
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name: CASTILLO, XIOMARA J.
82 Street Address (P.O. Box Number is Not Acceptable): 8372 N.W. 143rd Terrace
83
84 City: Miami Lakes FL. 85 Zip Code: 33016

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: Castillo - CASTILLO, XIOMARA J. 04/22/199
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGM HERNANDO, OJEDA 8618 NW 66 ST MIAMI FL 33166	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUZMAN, LUIS E 15665 MIAMI LAKEWAY N., APT. 104 MIAMI FL 33014	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Guzmán, Luis E. 8618 N.W. 66 St. Miami, FL. 33166	☒ Change ☐ Addition ADDRESS-ONLY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS DE CASTILLO, ANTONIA 15665 MIAMI LAKEWAY N., APT. 104 MIAMI FL 33014	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TS DE CASTILLO, ANTONIA 8372 N.W. 143rd Terr. Miami Lakes, FL. 33016	☒ Change ☐ Addition ADDRESS-ONLY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Hernando Ojeda 04/22/99 305-591-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)