

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S31472** (1)

1. Corporation Name

TRANS ATLANTIC EXPORTS, INC.



Principal Place of Business

**750 EAST SAMPLE RD., SUITE 205
POMPANO BEACH FL 33064**

Mailing Address

**750 EAST SAMPLE RD., SUITE 205
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified

02/13/1991

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 1845 SW 4th Ave A-5

26 2941 San Remo Way

4. FEI Number

65-0242514

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

22

City & State

23 Delray Beach, FL

Zip

24 33444

Country

25 US

24

25 US

Suite, Apt. #, etc.

27

City & State

28 Delray Beach, FL

Zip

29 33445

Country

30 US

9. Name and Address of Current Registered Agent

**HEMSATH, CHRISTOPHER H.
750 EAST SAMPLE ROAD
SUITE 205
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1845 SW 4th Ave A-5

83

84

Delray Beach,

FL

85 Zip Code

33444

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

[Signature]

President - Christopher H. Hemsath

4/6/96

12. OFFICERS AND DIRECTORS

P ☐ DELETE
NAME
HEMSATH, CHRISTOPHER H.
STREET ADDRESS
750 E SAMPLE RD #205
CITY-ST-ZIP
POMPANO BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
VP + Secretary
1.3 STREET ADDRESS
MARIE HEMSATH
1.4 CITY-ST-ZIP
2941 San Remo Way
Delray Beach, FL 33445

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Christopher H. Hemsath
President 4/6/96

407-276-9860

Daytime Phone

CR2E034 (12/95)