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

APPROVED AND FILED

99 FEB 12 PM 3:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S35939

1. Corporation Name
TRANSGLOBAL FINANCIAL CORPORATION

Principal Place of Business
1800 CENTURY PARK EAST
SUITE 600
LOS ANGELES CA 90067
US

Mailing Address
1800 CENTURY PARK EAST
SUITE 600
LOS ANGELES CA 90067
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1991

2. Principal Place of Business
21
Street, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0247990 [ ] 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 owes the current year Intangible Personal Property Tax. [ ] Yes [✓] No

9. Name and Address of Current Registered Agent
GIANNOPOULOS, KRIS
1900 B VISION DR
PALM BEACH GARDENS FL 33418

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: Signature (Type or printed Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resignation) DATE

12. OFFICERS AND DIRECTORS

TITLE DP [ ] DELETE
NAME MUSTAFOGLU, MIKE M
STREET ADDRESS 1900 B VISION DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE S [ ] DELETE
NAME MUSTAFOGLU, DREBORAH
STREET ADDRESS 1900 B VISION DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
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

11 TITLE [ ] Change [ ] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

03-17-99 90006 041 #8.75

51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

03-17-99 90006 042 $150.00

61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

2/12

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: MIKE MUSTAFOGLU 1-12-98 818-995-4174
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (11/98)