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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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 Corporation N 		• •						
TRANSG	LOBAL COMMUNICATION							
Principal Place of	f Business	Mailing Address				1841 6 831 6 1815 6	919H B19() B19() B	
4995 NW 72 A	VE	4995 NW 72 AVE						
SUITE 301		Suite 301 Miami Fl 33166			3. Date Incorporated or Qualifie	d 3a. D:	ate of Last Re	eport
MIAMI FL 3316	16	MIRMI TE 35100			05/22/1991	1	04/25/199	
		On Mailing Address			4. FEI Number			Applied For
2. Principal Place of Business		2a. Mailing Address	→ ~		65-0269685	Not Applicable		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional	
2		27	27			- Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23		28	Cou	nter	8. This corporation has liability	for intangible		
Zip	Country	Z _{ip}	30	iliy	Florida Statutes	Florida Statutes Yes No		
24	9. Name and Address of Cur		30		10. Name and Address of Ne	w Register	ed Agent	
	S. realite une received			B1 Name				
MONTANED DAIN A				82 Street	Address (P.O. Box Number is Not Accept	otable)		
Montaner, raul a. 9130 s dadeland blvd								
SUITE 15				83				
MIAMI FL				84 City			85 Zij	p Code
•			de a Nos abo	l l	orporation submits this statement for the board of directors. I hereby accept the		obonging its r	registered office
familiar with	n, and accept the obligations of,	386(1011 007.0000; 1101104 01411010			required when reinstating ADDITIONS/CHANGES TO	DAT		DRS IN 12
12.		DELETE	1.1	117 LE			☐ Change	Addition
TITLE NAME	PVTD CRUZ, RICARDO		1.2 f	AME				
STREET ADDRESS	3036 SW 27 AVE		135	STREET ADDRESS				
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14 Lda boro	by codify that the information SU	polied with this filing is voluntarily I	furnished ar	nd does not c	qualify for the exemption stated in Section	n 119.07(3)(l	kj, Fiorida Sta Jeogl effect a	.iutes. i iurtner s if made under

I do hereby certify that the information supplied with this filling 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 enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, hir on an attachment with an address. AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECORD Croz (Pres 3/6/46 385/477-8686

SIGNATURE: