

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 # **S76413** (1)

1. Corporation Name

TRANS-RITE CORP.



Principal Place of Business

3100 NW 72ND AVE.
SUITE 117
MIAMI FL 33122
US

Mailing Address

3100 NW 72ND AVE.
SUITE 117
MIAMI FL 33122
US

2. Principal Place of Business

21 4493 NW. 97th Avenue

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33178

Country

25 USA

2a. Mailing Address

26 151 Majorca Ave.

Suite, Apt. #, etc.

27 Suite C

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 USA

3. Date Incorporated or Qualified
08/28/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0310818

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

9. Name and Address of Current Registered Agent

GABRIEL PARTS, C.P.A.
151 MAJORCA AVE. STE C.
CORAL GABLES FL 33134

Please correct name →

10. Name and Address of New Registered Agent

81 Name GABRIEL PRATS, C.P.A.

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CLAUSI, CARLOS
STREET ADDRESS PERU 590 PISO 4. (1068)
CITY-ST-ZIP BUENOS AIRES, ARGENTINA AR

TITLE VT ☐ DELETE

NAME URTUBEY DE CLAUSI, LUCIA
STREET ADDRESS PERU 590 PISO 4 (1068)
CITY-ST-ZIP BUENOS AIRES, ARGENTINA AR

TITLE AV ☐ DELETE

NAME MEDERO, GUILLERMO D
STREET ADDRESS 451 N.W. 87TH LANE APT # 103
CITY-ST-ZIP PLANTATION FL 33324

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 (305) 477-1419

CR2E034 (12/95)