

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

FILED

May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S76413 (1)  
1. Corporation Name  
TRANS-RITE CORP.

Principal Place of Business 4493 NW 97TH AVE SUITE 117 MIAMI FL 33178 US	Mailing Address 151 MAJORCA AV SUITE C CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3401 N.W. 72 Avenue Suite, Apt. #, etc. 22 Building # F City & State 23 Miami, FL Zip 24 33122 Country 25 USA		2a. Mailing Address 26 151 Majorca Avenue 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	4. FEI Number 65-0310818 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent GABRIEL PRATS, CPA 151 MAJORCA AVE. STE C. CORAL GABLES FL 33134		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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSI, CARLOS	1.2 NAME	
STREET ADDRESS	PERU 590 PISO 4. (1068)	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA AR	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URTUBEY DE CLAUSI, LUCIA	2.2 NAME	
STREET ADDRESS	PERU 590 PISO 4 (1068)	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA AR	2.4 CITY-ST-ZIP	
TITLE	AV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDERO, GUILLERMO D	3.2 NAME	
STREET ADDRESS	451 N.W. 87TH LANE APT # 103	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_ 4-28-98 (305) 477-1419

CR2E034 (10/97)