

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

06-03-2002 01:16:04 ***158.15

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S82030
1. Entity Name
Transnational Properties, Inc.

DO NOT WRITE IN THIS SPACE

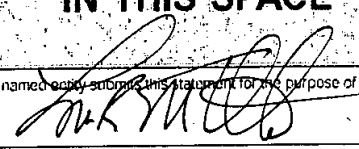
2. Principal Place of Business 6801 Collins Avenue		3. Mailing Address 777 Brickell Avenue	
Suite, Apt. #, etc. Carillon Hotel		Suite, Apt. #, etc. Suite 1070	
City & State Miami Beach, Florida		City & State Miami, Florida	
Zip 33141	Country USA	Zip 33131	Country USA

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4. FEI Number 65-0301866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Louis R. Montello	
	Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Avenue, Suite 1070	
	City Miami	FL Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  Louis R. Montello June 26, 2002

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Department of State.	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D P T S Cristiane Bomeny 1413 Sunset Harbor Drive, Apt 604 Miami Beach, Florida 33139	TITLE NAME STREET ADDRESS CITY- ST- ZIP
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13. 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 report or supplemental 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 11 or on an attachment with an address, with all other data supplied.

SIGNATURE  Cristiane Bomeny, President 5/29/02 (305) 695-7353

CR2E034B (12/01)