

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

FILED
May 15 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 # **V02995** (1)
1. Corporation Name
TRANPO TRADING, INC.

Principal Place of Business 2150 BRENGLE AVE ORLANDO FL 32808 US	Mailing Address 200 S ORANGE AVE STE 2300 ORLANDO FL 32801-3432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/30/1991	4. FEI Number 59-3102836	Applied For Not Applicable
		5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent A.G.C. CO. 200 S ORANGE AVE SUITE 2300 ORLANDO FL 32801	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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	OROPEZA, FRANK C.		1.2 NAME								
STREET ADDRESS	2150 BRENGLE AVE.		1.3 STREET ADDRESS								
CITY - ST - ZIP	ORLANDO FL		1.4 CITY - ST - ZIP								
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	OROPEZA, ANNE S.		2.2 NAME								
STREET ADDRESS	2150 BRENGLE AVE.		2.3 STREET ADDRESS								
CITY - ST - ZIP	ORLANDO FL		2.4 CITY - ST - ZIP								
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	CIESLAK, RICHARD J.		3.2 NAME								
STREET ADDRESS	2150 BRENGLE AVE.		3.3 STREET ADDRESS								
CITY - ST - ZIP	ORLANDO FL		3.4 CITY - ST - ZIP								
TITLE	DVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	OROPEZA, FRANK W.		4.2 NAME								
STREET ADDRESS	2150 BRENGLE AVE.		4.3 STREET ADDRESS								
CITY - ST - ZIP	ORLANDO FL		4.4 CITY - ST - ZIP								
TITLE	DVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	DEVERALL, ROBERT M.		5.2 NAME								
STREET ADDRESS	2150 BRENGLE AVE.		5.3 STREET ADDRESS								
CITY - ST - ZIP	ORLANDO FL		5.4 CITY - ST - ZIP								
TITLE		<input type="checkbox"/> DELETE	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:  **Richard J Cieslak** 1/22/98 (407)298-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067235

CR2E034 (10/97)