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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

V14112

(9)

FILED
Apr 30 1996 8:00 am
Secretary of State

TRA	NSFER OF MIAMI, INC.						! !##!! #!!##! !!#!! #!##! !!##!!		PIR AJBIN SIBIN BIBIN BIBIN BIBIN JABA
Principal Plac	e of Business	Mailing Address				\dashv			
1574 N.W. 82ND. AVENUE Miami Fl 33126 US		1574 N.W. 82ND. AVENUE MIAMI FL 33126 US							
		•				3.	Date Incorporated or Qualified 02/06/1992	3a. D	ate of Last Report
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address 26			4.	FEI Number 65-0310699	<u> </u>	06/20/1995 Applied For
Suite, Apt.		Suite, Apt. #, etc	Suite, Apt. #, etc.			5.	Certificate of Status Desired		Not Applicable \$8.75 Additional Fee Required
City & Stat		City & State	28			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country 24 25 9. Name and Address of Curr		Zip 29	30 Cou	Country		1		ntangible tax under s 199.032,	
		··· ············ ·····················		81	Name		Name and Address of New R	egistere	o Agent
WOLE	BERG, SERGIO .			_					
1030	NE 209 TERR		82 Street Ac			Iress (P.	O. Box Number is Not Acceptab	le)	7/12
	FL 33179			83					
			i	1.0	City			F	85 Zip Code
 Pursuant or register familiar wi 	to the provisions of Sections 607.0: red agent, or both, in the State of F th, and accept the obligations of S	502 and 607.1508, Florida St. Iurida, Such change was auti iection 607.0505, Florida Stat	atutes, the abor- norized by the coutes	orph	amed corpo ration's boa	ration su ird of dir	ubmits this statement for the pur rectors. I bereby accept the appo		
SIGNATURE	_								
12.	Signature, typod or pricted france of enjectional a		(NOTE Insperience)	A.p.r I	Signal are require	er whe ries	ng fajtregi	EA ^T Ł	
TITLE	D OFFICERS.	AND DIRECTORS	13.	·			ADDITIONS/CHANGES TO OFFI	CEHS AN	ID DIRECTORS IN 12
NAME	WOLBERG, SERGIO	L1 Dettie	1 1 7 1			Change Addition			
STREET ADDRESS	1030 NE 209 TERR			1.2 NAME 1.3 STREET ADDRESS					
CiTY-ST-ZIP	MIAMI FL		1401						
TITLE		DECETE			ZiF				
NAME		b	2.2 NA)						Change Addition
STREET ADDRESS					DORESS				
CITY-S1-2IP			2401						
TITLE		DELETE	3 1 TIT						☐ Change ☐ Addition
NAME			2.2 884	Ar.	i				T Asignific T Vocation

14. If 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)(ii). 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 appears in Brock 12 or Block 13 if changing any part attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 2/P

4.4 CHTY - ST ZIP

3.4 CHEY 5" - ZIP

4 1111.8

4.2 NAME

5 1 TITLE

52 NAME

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST-ZIP

CITY - ST - ZIP

TITLE

NAME

THILE

NAME

TITLE

NAME

SIGNATURE AND YPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE.

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DELETE

1 404/96 (301) 544-0661

Change

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