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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000007227 (7)**

1. Corporation Name
TRANSCONTINENTAL OVERSEAS ENGINEERING, CO.

Principal Place of Business	Mailing Address
1840 W. 49TH ST., STE. #603-5 HIALEAH FL 33012	1840 W. 49TH ST., STE. #603-5 HIALEAH FL 33012-2950

3. Date Incorporated or Qualified: 01/19/1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 325 LUCAS CREEK ROAD	26 325 LUCAS CREEK ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 NEWPORT NEWS	27 NEWPORT NEWS
City & State	City & State
23 VIRGINIA	28 VIRGINIA
Zip 24 23602 Country 25	Zip 29 23602 Country 30

4. FEI Number: N/A ☐ 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	10. Name and Address of New Registered Agent
HART, DAVID J 100 N. BISCAYNE BLVD. #1717 MIAMI FL 33132	81 Name: N/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 N/A
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	D	☐	1.1 TITLE	P/M	☒ ☐
NAME	MULAMBA, DONATIEN W		1.2 NAME	MULAMBA, DONATIEN WA KABASELE	
STREET ADDRESS	P.O. BOX 10013, GABARONE, BOTSWANA N/A		1.3 STREET ADDRESS	325 LUCAS CREEK ROAD	
CITY-ST-ZIP	SOUTH AFRICA		1.4 CITY-ST-ZIP	NEWPORT NEWS, VIRGINIA 23602	
TITLE		☐	2.1 TITLE	V/T/S	☐ ☒
NAME			2.2 NAME	MULAMBA, THERESE KANKU	
STREET ADDRESS			2.3 STREET ADDRESS	325 LUCAS CREEK ROAD	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	NEWPORT NEWS, VIRGINIA 23602	
TITLE		☐	3.1 TITLE	D	☐ ☒
NAME			3.2 NAME	SHIWALA, JEAN	
STREET ADDRESS			3.3 STREET ADDRESS	AVENUE DES OISEAUX #6	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MACAMPAGNE, KINSHASA-ZAIRE	
TITLE		☐	4.1 TITLE	D	☐ ☒
NAME			4.2 NAME	RIER, DAVID	
STREET ADDRESS			4.3 STREET ADDRESS	P.O. BOX 1433 (N/A)	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MORGANTOWN, WEST VIRGINIA 26507	
TITLE		☐	5.1 TITLE		☐ ☐
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ ☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Bank Dep $ 165.00	

6-2-97

CR2E034 (9/96)

14. I do 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: [illegible] April 29, 1997