

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **451593** (8)  
1. Corporation Name:  
**TECHNICAL SUPPORT INTERNATIONAL, INC.**



Foreign Place of Business: **1500 SAN REMO AVE SUITE 125 CORAL GABLES FL 33146**  
Mailing Address: **1500 SAN REMO AVE. SUITE 125 CORAL GABLES FL 33146**

2. Principal Place of Business:  
21 Suite, Apt. #, et.  
22 City & State  
23 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified: **06/05/1974**  
3a. Date of Last Report: **07/10/1995**  
4. FID Number: **11-2330756**  
Applied For:  Not Applicable  
5. Certificate of Status Delivered:  **\$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. 193.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**ATRIUM REGISTERED AGENTS, INC  
1500 SAN REMO AVE, STE 125  
CORAL GABLES FL 33146**

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

11. Pursuant to the provisions of Sections 607.01(1) and 607.01(2)(B), 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 I accept the duties of a Secretary of State as defined in Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS:  
12.1 NAME: **VPD KAPEL, ARTHUR**  DELETED  
12.2 STREET ADDRESS: **7700 NW 57TH ST MIAMI FL**  
12.3 CITY, STATE, ZIP: **P**  DELETED  
12.4 NAME: **KAPEL, CLIFFORD J.**  DELETED  
12.5 STREET ADDRESS: **7700 NW 57TH ST MIAMI FL**  
12.6 CITY, STATE, ZIP: **ST**  DELETED  
12.7 NAME: **KAPEL, LIBRADA**  DELETED  
12.8 STREET ADDRESS: **7700 NW 57TH ST MIAMI FL**  
12.9 CITY, STATE, ZIP:  DELETED  
12.10 NAME:  DELETED  
12.11 STREET ADDRESS:  DELETED  
12.12 CITY, STATE, ZIP:  DELETED  
12.13 NAME:  DELETED  
12.14 STREET ADDRESS:  DELETED  
12.15 CITY, STATE, ZIP:  DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:  
13.1 NAME:  Change  Addition  
13.2 STREET ADDRESS:  Change  Addition  
13.3 CITY, STATE, ZIP:  Change  Addition  
13.4 NAME:  Change  Addition  
13.5 STREET ADDRESS:  Change  Addition  
13.6 CITY, STATE, ZIP:  Change  Addition  
13.7 NAME:  Change  Addition  
13.8 STREET ADDRESS:  Change  Addition  
13.9 CITY, STATE, ZIP:  Change  Addition  
13.10 NAME:  Change  Addition  
13.11 STREET ADDRESS:  Change  Addition  
13.12 CITY, STATE, ZIP:  Change  Addition

14. I further certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report is 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 of this filing, or on an attached sheet with an address.

SIGNATURE: *Clifford J. KapeL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CLIFFORD J. KAPEL**

2/5/96 305-591-3020  
DATE OF FILING OFFICE PHONE

CR2E034 (12/95)