

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. #, etc.
22 City & State
23 Zip Country
24
25
2a. Mailing Address:
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
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
10. Name and Address of New Registered Agent

**ATRIUM REGISTERED AGENTS, INC
1500 SAN REMO AVE, STE 125
CORAL GABLES FL 33146**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 registered agent under Sections 607.01(1) and 607.01(2)(B), Florida Statutes.

SIGNATURE: _____ DATE: _____

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

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

14. I, the undersigned, certify that the information supplied on this report is accurately furnished and does not qualify for the exemption stated in Section 119.07(2)(a), Florida Statutes. I further certify that the information included on this report is a true and accurate statement of annual report as required by Chapter 607, Florida Statutes, and that my signature shall have the same legal effect as if made under oath. I am a registered agent 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 report as an officer or director 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)