

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 451593

1. Corporation Name
TECHNICAL SUPPORT INTERNATIONAL, INC.

Principal 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current 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

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

Signature typed or printed name of registered agent and block applicable.

(NOTE: If person is a corporation, include the name of the corporation.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME **KAPEL, ARTHUR**

STREET ADDRESS **7700 NW 57TH ST**

CITY-ST-ZIP **MIAMI FL**

TITLE [] DELETE

NAME **KAPEL, CLIFFORD J.**

STREET ADDRESS **7700 NW 57TH ST**

CITY-ST-ZIP **MIAMI FL**

TITLE [] DELETE

NAME **ST**

STREET ADDRESS **7700 NW 57TH ST**

CITY-ST-ZIP **MIAMI FL**

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE [] Change [] Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

21.1 TITLE [] Change [] Addition

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

31.1 TITLE [] Change [] Addition

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY-ST-ZIP

41.1 TITLE [] Change [] Addition

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY-ST-ZIP

51.1 TITLE [] Change [] Addition

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY-ST-ZIP

61.1 TITLE [] Change [] Addition

61.2 NAME

61.3 STREET ADDRESS

61.4 CITY-ST-ZIP

62.1 TITLE [] Change [] Addition

62.2 NAME

62.3 STREET ADDRESS

62.4 CITY-ST-ZIP

APPROVED

90 FEB 15 PM 2:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1974

4. FEI Number

11-2330756

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 owes the current year Intangible
 Personal Property Tax [] Yes [X] No

10. Name and Address of New Registered Agent

400002780914-- 0
 -02/19/99--01070--018
 ****150.00 ****150.00

Handwritten signature and date: 2-17-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g) 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 217, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 305-591-3020

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CR2E034 (11/98)