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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90190 013 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000004527

1. Corporation Name
TECHNOPOINT INTERNATIONAL, INC.

Principal Place of Business
3420 FAIRLANE FARMS RD
WELLINGTON FL 33414

Mailing Address
3420 FAIRLANE FARMS RD
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1998

4. FEI Number

31-1454288

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

☐ No

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

10. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DR, SUITE 500E
WEST PALM BEACH FL 33401

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 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 CP ☐ DELETE
NAME VENTURELLI, FOSCO
STREET ADDRESS VIA MONTE PASTELLO 1, SAN GIOVANNI LUPATOTO
CITY-ST-ZIP VERONA 37057 ITALY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GASTALDIN, GAETANO
STREET ADDRESS VIA MONTE PASTELLO 1, SAN GIOVANNI LUPATOTO
CITY-ST-ZIP VERONA 37057 ITALY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GIESEPPE, MIGLIORINI
STREET ADDRESS VIA MONTE PASTELLO 1, SAN GIOVANNI LUPATOTO
CITY-ST-ZIP VERONA 37057 ITALY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME CARSON, MICHAEL
STREET ADDRESS 192 WOOD ST
CITY-ST-ZIP RUTHERFORD NJ 07070

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME WESTFIELD, EDWARD
4.3 STREET ADDRESS 12752 MEADOWBREEZE DR.
4.4 CITY-ST-ZIP WELLINGTON FL 33414

TITLE T ☐ DELETE
NAME WESTFIELD, EDWARD
STREET ADDRESS 12752 MEADOWBREEZE DR
CITY-ST-ZIP WELLINGTON FL 33414

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

561-753-2250

Date

Daytime Phone #

CR2E034 (11/98)