FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible].00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M55269** **(8)**

1. Corporation Name
TECHSELL CORP.

Principal Place of Business	Mailing Address
% ALI SHATHER 3950 N.W. 167TH STREET OPA-LOCKA FL 33054	% ALI SHATHER 3950 N.W. 167TH STREET OPA-LOCKA FL 33054

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/07/1987
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2830539 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AKDORUK, YILMAZ M.
3950 NW 167TH STREET
MIAMI FL 33054

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 607.0502 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SHATHER, ALEX	1.2 NAME		
STREET ADDRESS	13903 N.W. AVE. STE 460	1.3 STREET ADDRESS	Shather, Alex	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	3950 NW 167th St. Miami, Fl 33054	
TITLE	VS	2.1 TITLE	VS	☒ Change ☐ Addition
NAME	AKDORUK, FAYE	2.2 NAME		
STREET ADDRESS	3950 N.W. 167TH ST.	2.3 STREET ADDRESS	Akdoruk, Faye	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	3950 NW 167th St. Miami, Fl 33054	
TITLE	D	3.1 TITLE	P	☒ Change ☐ Addition
NAME	AKDORUK, YILMAZ M.	3.2 NAME		
STREET ADDRESS	16106 KILMARNOCK DR.	3.3 STREET ADDRESS	Akdoruk, Yilmaz M.	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	3950 NW 167th St. Miami, Fl 33054	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Y. Akdoruk 4/10/95 305-624-1555
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
YILMAZ M. AKDORUK

0101725 CP