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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the info information indicated on this a I am an officer or director of the appears in Block 12 or Block 1



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S33122

(0)

TECUN INTERNATIONAL CORPORATION					
Principal Plac	e of Business	Mading Address		I (80)/19 (0 1980 1)/19 1/101 (1) (1)	T BIRK BERTI ALALI BIRIN BIRLI BIRNI 1981
-9690-44M-070-15H-6 		8620 47M 470 4M 6 MINAM FL-68120 6020			
				 Date Incorporated or Qualified 02/20/1991 	3a. Date of Last Report 06/27/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied for
21 6555 NW 36ST STE 301- Suite, Apt. #, etc.		26 6555 NW 36ST STE 301 - 130		- 65-0245951	Not Applicable \$8.75 Additional
22 MIAMI, FL.		27 MIAMI, FL.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24 33166	25 USA 9. Name and Address of Current		30 USA	Florida Statutes 10. Name and Address of New Re	Yes No
DEN.		Trograterou Agont	81 Name	ig. Italio and Magrees of Itali	pgistored Agent
				PRODUCTS & SERVICE Idress (P.O. Box Number is Not Accepta	, INC.
40.	THE STANCE		82 Street Ad	Idress (P.O. Box Number is Not Accepta 5 N.W. 36 St. Ste.	ible)
AAIAA	JI -51 -66464		83	N.W. 30 St. Ste.	
144		•	["]		
			84 City		FL 85 Zip Code 33166
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the above named co	11	
office or r	egistered agent, or both, in the State of	of Florida. Such change was a	uthorized by the corpor	proporation submits this statement for the ration's board of directors. I hereby acce	opt the appointment as registered
	- 1 To 12 1 1 1-114-11	nons of Station 607,0505, Flo	Castello DE M	And Project out	11/23/97
SIGNATURE	Synature, typed or printed name of registered agent	Land life if applicable (NOI)	: Hegisterud Agent signature red	fore (VresidenT	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	_P99T	☐ DELETE	1.1 TITLE	P/D/S/T	Change Addition
NAME	PENAGOS TARANO		1.2 NAME	PENAGOS, MARIANO	
STREET ADDRESS	8620 ALW ORD LANE #6		13 STHEET ADDRESS	3620 N.W. 3rd. Lan	p # 6
CITY-ST-ZIP	MAMPL		1.4 C/TY-ST-Z/P	Miami, Fl. 33126	
TITLE		DELETE	217011	}	Change Addition
NAME			2 2 NAME	SHAPOUL LIPONES	
STREET ADDRESS			2.3 STREET ADDRESS	1570-14-W. 388-3-1	- 11 - 11 -
CITY-ST-ZIP			2. 4 CITY - \$1 - ZIP N	(1 and , 121 , 224 24 .	
TITLE		L. D€L€TE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET AUDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Chance
TITLE		☐ DELETE	4.1 THLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME .		L_ Detter	5 2 NAME		E Grange E Addition
			1		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	*	C. Mich	6.2 NAME		and ornerigo and resultion
STREET ADDRESS			6.3 STREET ADDRESS		ļ
OURCE MADINESS	۸,	_	6.4 OUTU OT TID	1	

on supplied will this fing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that prayon to the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name