

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 11:09 AM '95

DOCUMENT # **S36064** (1)

1. Corporation Name
TECNICARIBBEAN, INC.

Principal Place of Business
**9800 S W 120TH STREET
MIAMI FL 33176-4904**

Mailing Address
**15068 SW 127 CIR PL S.
MIAMI FL 33186
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/07/1991

3a. Date of Last Report
08/16/1994

2. Principal Place of Business

21. **21**

22. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

26. Mailing Address

26. **18495 South Dixie Hwy**

27. Suite, Apt. #, etc.

27. **334**

28. City & State

28. **Miami, FL**

29. Zip

29. **33157**

30. Country

30. **U.S.A**

4. FEI Number
65-0273022

Applied For
 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 has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 607.0502 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) _____ (Typed Registered Agent signature required when the filing) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SIERRA, JORGE
STREET ADDRESS 9800 S W 120TH STREET
CITY, ST, ZIP MIAMI FL

TITLE VD
NAME PIVARAL, LUIS ALBERTO
STREET ADDRESS 9800 S W 120TH STREET
CITY, ST, ZIP MIAMI FL 33176

TITLE S
NAME MENDIZABAL, LUIS ALBERTO
STREET ADDRESS 9800 S W 120TH STREET
CITY, ST, ZIP MIAMI FL 33176

TITLE T
NAME ROBERT HOAR,
STREET ADDRESS 15068 SW 127 CIR PL. S.
CITY, ST, ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE Change Addition

4.2 NAME **Robert Hoar**

4.3 STREET ADDRESS **8532 SW 111 Ter**

4.4 CITY, ST, ZIP **Miami, FL 33189**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(k), 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: Robert Hoar Robert Hoar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ (Name) _____ (Signature Print #)