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 # V44506 1. Corporation Name

TECNICARD INC.

FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90140 007 ***150.00



District Disc	a of Duniana	Mailing Address			-	-	
Principal Place of Business Mailing Address 440 PRIORELL AVE							
1110 BRICKELL 601	. AVE	1110 BRICKELL AVE	1110 BRICKELL AVE				
MIAMI FL 3313	1	MIAMI FL 33131				DO NOT WRITE IN THIS SPACE	
US		US	US			3. Date Incorporated or Qualifed 06/18/1992 .	
2. Principal P	lace of Business	2a. Mailing Address			·	4. FEI Number Applied For	
21	•	26				65-0362254 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Codificate of Status Desired Section 1	
22		27	27			5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution .Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible	
24	25		30		-	Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent	-	81	Name	10. Name and Address of New Registered Agent	
RED	LEY, DAVID R.						
		82 Street Add		Street Addr	ess (P.O. Box Number is Not Acceptable)		
	B BRICKELL AVE MI FL 33131			83			
IMICI	WITE 30101			63			
,				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the al	bove	e-named corp	oration submits this statement for the purpose of changing its registered	
. office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	eof Florida. Such change was au	ithorized	י עם ו	the corporation	n's board of directors. I hereby accept the appointment as registered	
1	III lamiliai with, and accept the oblige	2110113 01, 00011011 007.0000, 1101			•		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered	Agen	t signature required		
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	BALLADARES, CARLOS	ES, CARLOS 12		1.2 NAME			
STREET ADDRESS	1110 BRICKELL AVE		1.3 STRE		ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CF	TY- 51	r-ZiP	Change MANAGER	
TITLE		☐ DELETE	2.1 TIT	ŢΕ	12	XEC. V. P. Change MAddition	
NAME			2.2 NA	ME	/ / /	TARCIO. DALTO DANO,	
STREET ADDRESS		-سام	2.3 ST	REET	ADDRESS	XEC. V.P. Change MAddition 1 ARCIO: BALTODANO 1 10 BRICKELL. RYE #601 1 1 AM 1, FL. 33131	
CITY-ST-ZIP			2.4 C		T-ZIP /	1/1/1/ PZ · 33/3/	
TITLE		☐ DELETE	3.1 111			C) Criange	
NAME			3.2 NA			`	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	34.C			T-ZIP	☐ Change ☐ Addition		
TITLE			4.1 TITLE 4. 2 NAME				
NAME					4000CCC		
STREET ADDRESS			1		ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5		I-ZIP	☐ Change ☐ Addition	
TITLE		() VELCIE	5.1 TITLE 5.2 NAME			☐ 2	
NAME					ADDRESS		
STREET ADDRESS					1		
CITY-ST-ZIP		☐ DELETE	5.4 СЛУ 6.1 TITLE		r-all-	☐ Change ☐ Addition	
TITLE		CI VELLIE	6.2 NA				
NAME					ADDRESS		
STREET ADDRESS				NEE!			

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 trusted 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: