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 APR -3 PM 4:11

DOCUMENT # **S04906** **(1)**

1. Corporation Name

TECNORAVIA INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
TOWER I, OFFICE NO. 907 999 S. BAYSHORE DR. MIAMI FL 33131	TOWER I, OFFICE NO. 907 999 S. BAYSHORE DR. MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1990
3a. Date of Last Report: 08/23/1994

2. Principal Place of Business
21 848 BRICKELL AVE.
Suite, Apt. #, etc.
22 SUITE #950
City & State
23 MIAMI, FLORIDA
Zip 24 33131 Country 25 U.S.A.

2a. Mailing Address
26 848 BRICKELL AVE
Suite, Apt. #, etc.
27 SUITE #950
City & State
28 MIAMI, FLORIDA
Zip 29 33131 Country 30 U.S.A.

4. FEI Number: 65-0221731 ☐ 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TECORAVIA INTERNATIONAL CORP.
848 BRICKELL AVENUE
SUITE 950
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: RALPH E. DESENS
82 Street Address (P.O. Box Number is Not Acceptable): 9485 NW 51 TERRACE
83
84 City: MIAMI FL 85 Zip Code: 33178

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: Ralph E. Desens RALPH E. DESENS 3/23/95
(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	☐ Change ☐ Addition
TITLE	DP	11 TITLE	
NAME	FIDALGO, EDWARD M	12 NAME	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	
NAME	CAMERO, OMAR GERARDO	22 NAME	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	
NAME	CAMERO, MARTIN N.	32 NAME	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	
NAME	CAMERO FIDALGO, LUISA	42 NAME	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	
NAME	CAMERO, OMAR	52 NAME	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	
NAME	DESENS, RALPH E.	62 NAME	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 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 is an attachment with an address.

SIGNATURE: Ralph E. Desens RALPH E DESENS 3/23/95 (305) 579-0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0120700 CP