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FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S04906** (1)

1. Corporation Name
TECNORAVIA INTERNATIONAL CORPORATION



Principal Place of Business
**848 BRICKELL AVE.
SUITE 950
MIAMI FL 33131
US**

Mailing Address
**848 BRICKELL AVENUE
SUITE 950
MIAMI FL 33131-2943
US**

3. Date Incorporated or Qualified 10/04/1990	3a. Date of Last Report 01/29/1996
4. FEI Number 65-0221731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**DESENS, RALPH E
848 BRICKELL AVENUE SUITE 950
MIAMI FL 33131**

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

Signature of person filing (registered agent and/or incorporator)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	FIDALGO, EDWARD M
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY - ST - ZIP	MIAMI FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	CAMERO, OMAR GERARDO
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY - ST - ZIP	MIAMI FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	CAMERO, MARTIN N.
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY - ST - ZIP	MIAMI FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	CAMERO FIDALGO, LUISA
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY - ST - ZIP	MIAMI FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	CAMERO, OMAR
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY - ST - ZIP	MIAMI FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	DESENS, RALPH E.
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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 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:

Ralph E. Desens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 (305) 579-0941
Date Daytime Phone #

CR2E034 (9/96)