
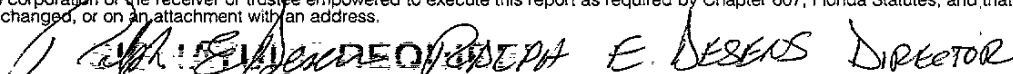


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S04906 (1)</b> 1. Corporation Name <b>TECNORAVIA INTERNATIONAL CORPORATION</b>					
Principal Place of Business 848 BRICKELL AVE. SUITE 950 MIAMI FL 33131 US			Mailing Address 848 BRICKELL AVENUE SUITE 950 MIAMI FL 33131 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0221731	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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, typed or printed name of registered agent and title if applicable. (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					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
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 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 Director					

CR2E034 (10/97)