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

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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 15 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 451593

1. Corporation Name
TECHNICAL SUPPORT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1500 SAN REMO AVE. SUITE 125 CORAL GABLES FL 33146	1500 SAN REMO AVE. SUITE 125 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/05/1974

4. FEI Number
11-2330756

[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

9. **Name and Address of Current Registered Agent**

ATRIUM REGISTERED AGENTS, INC
1500 SAN REMO AVE, STE 125
CORAL GABLES FL 33146

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

12. OFFICERS AND DIRECTORS

TITLE	VPD	[ ] DELETE
NAME	KAPEL, ARTHUR	
STREET ADDRESS	7700 NW 57TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	[ ] DELETE
NAME	KAPEL, CLIFFORD J.	
STREET ADDRESS	7700 NW 57TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	[ ] DELETE
NAME	KAPEL, LIBRADA	
STREET ADDRESS	7700 NW 57TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP [ ] Change [ ] Addition
21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP [ ] Change [ ] Addition
31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP [ ] Change [ ] Addition
41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP [ ] Change [ ] Addition
51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP [ ] Change [ ] Addition
61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 CITY-ST-ZIP [ ] Change [ ] Addition

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****150.00 ****150.00

2.17.99

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] 1/29/99 305-591-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #