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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

|  | 1997  | Visit 1   | 6)<br>                              | DIVISION OF                     | CORPOR   | ATIONS   | Secret   | - C _                                |                                     |   |
|--|---|---|-------------------------------------|---------------------------------|--|--|--|--------------------------------------|-------------------------------------|---|
| Corporation  | MENT #<br>Name<br>TECH OF FLO                             | 680030<br>IRIDA, INC.   |                                     | (4)                             |  |  |  |                                      |                                     |   |
| rincipal Place   | e of Business   |   |                                     | Address                         |  |  |  | ORIO BIBLI GIANI                     | DIDII DIBII BIBII                   | Blok (B)  |
| SUITE 408 SU   |   |   |                                     | 1900 BISCAYNE BLVD.<br>UITE 408 |  |  |  |                                      |                                     |   |
| I. MIAMI FL 33181<br>IS  |   |   | NORTH MIAMI FL 33181-2726<br>US     |                                 |  | Date Incorporated or Qualified   |  |                                      |                                     |   |
|  |   |   |                                     |                                 |  |  | 07/28/1980   | 04/                                  | 24/1996                             |   |
| Pr∙ncipal Pi<br>L  | lace of Business  |   | F                                   | ing Address                     |  |  | 4. FEI Number  |                                      |                                     | plied For   |
| Suite, ApI   | #, etc.   |   | <b>26</b>   Suite                   | e, Apt #, etc.                  |  |  | 59-2019675   |                                      | \$8.75                              | t Applicable<br>Additional  |
|  |   |   | 27                                  |                                 |  |  | Certificate of Status Desired  |                                      | Fee Re                              |   |
| City & State   | 0   |   | h                                   | & State                         |  |  | 6. Election Campaign Financing   |                                      | \$5.00                              |   |
| Zip  |   | Country   | <b>28</b>                           |                                 | Cou  | intry  | Trust Fund Contribution  8. This corporation has liability f   |                                      | Added t                             |   |
|  | 25  | ·   | 29                                  |                                 | 30   | <u>.</u>   | Florida Statutes   | Yes [                                |                                     |   |
|  | 9, Name and   | Address of Current  | t Registered                        | Agent                           |  | 641 11   | 10, Name and Address of New  | Registered .                         | Agent                               |   |
|  | INTZ, LEONARD   |   |                                     |                                 |  | 81 Name  | Frantz. Leonard  |                                      |                                     |   |
|  | 50 BISCAYNE E   | BLVD.   |                                     |                                 |  |  | Frantz, Leonard<br>Idress (P.O. Box Number is Not Accep  |                                      |                                     |   |
|  | TE 406<br>RTH MIAMI FL 3                                  | 0101  |                                     |                                 |  | 83 11901   | O Biscayne Blvd.   | #408                                 |                                     |   |
| MUI  | KIN MIAMI EF S  | N IOI   |                                     |                                 |  | <u> </u>   |  |                                      | 85 Zip                              | On de   |
|  |   |   |                                     |                                 |  | 641 6  |  |                                      | INS   710                           | noae  |
| •  | to the provisions of egistered agent, on familiar with an | of Sections 607.0502<br>or both, in the State   | 2 and 607.15<br>of Florida, Su      | 08, Florida Statuch change was  | utes, the as<br>authorize  | bove-named cod by the corporates   | orth Miami proporation submits this statement for the ration's board of directors. I hereby according to the ration's board of directors.        | e purpose of<br>cept the app         | 3 3 1                               | 81<br>s registered<br>registered                                      |
| Pursuant<br>office or r<br>agent Ta<br>SNATURE   |   | of Sections 607,0500<br>of both, in the State<br>of accept the obliga<br>cutting of registerial agent<br>OFFICERS AND | ot and title if apple               | cable (N                        |  | bove-named co<br>d by the corpo<br>tutes.  | orth Miami proporation submits this statement for the ration's board of directors. I hereby accurate when reinstalling?  ADDITIONS/CHANGES TO OF | e purpose of<br>cept the app<br>DATE | 331<br>changing it<br>ointment as   | s registered<br>registered  |
| Pursuant<br>office or r<br>agent Ta<br>GNATURE   |   | ed name ô' registeren ager  | ot and title if apple               | cable (N                        | OTE: Flagistere  | bove-named co<br>d by the corpo-<br>tutes.   | orporation submits this statement for the<br>ration's board of directors. I hereby accepted when relinstating.                                   | e purpose of<br>cept the app<br>DATE | 331<br>changing it<br>ointment as   | s registered<br>registered  |
| Pursuant<br>office or r<br>agent La<br>GNATURE   | DST<br>FRANTZ, JEF  | OFFICERS AND  | ot and title if appli<br>O DIRECTOR | cable (NC                       | OTE: Registere 13. 1.1 Ti 1.2 No   | Dove-named or d by the corpo lutes.  d Agent signature ret   | orporation submits this statement for the<br>ration's board of directors. I hereby accepted when relinstating.                                   | e purpose of<br>cept the app<br>DATE | 331<br>f changing if<br>ointment as | s registered<br>registered  |
| Pursuant office or r agent La GNATURE  E ELLABORESS  | DST<br>FRANTZ, JEF<br>11900 BISCA                         | OFFICERS AND<br>FREY W<br>YNE BLYD., SUIT   | ot and title if appli<br>O DIRECTOR | cable (NC                       | OTE: Registera<br>13.<br>1.1 To<br>1.2 No<br>1.3 S   | bove-named or of by the corpolates.  d Agent signature restricted that the corpolates are the corpolates are the corpolates are the corpolates are the corporate are the corpo | orporation submits this statement for the<br>ration's board of directors. I hereby accepted when relinstating.                                   | e purpose of<br>cept the app<br>DATE | 331<br>f changing if<br>ointment as | s registered<br>registered  |
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| Pursuant office or ragent. La agent. La SNATURE  E Haboness r-St-Zip.  | DST<br>FRANTZ, JEF<br>11900 BISCA                         | OFFICERS AND<br>FREY W<br>YNE BLYD., SUIT   | ot and title if appli<br>O DIRECTOR | Caldie (NE<br>PS<br>DELETE      | DTE: Registera<br>13.<br>1.1 Ti<br>1.2 M<br>1.3 S<br>1.4 C   | bove-named cod by the corpolates.  d Agent signature restricted.  TLE  AME  FREET ADDRESS  ITY-S1-ZIP  TLE   | orporation submits this statement for the<br>ration's board of directors. I hereby accepted when relinstating.                                   | e purpose of<br>cept the app<br>DATE | de Change                           | s registered<br>registered  |
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NYEO NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/25/97

(305) 893-7243

**FILED** 

Apr 11 1997 8:00am

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