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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F43261** **(9)**

1. Corporation Name
TECHNO-COATINGS, INC.

Principal Place of Business
% SAUL CAMARGO
1945 NORTH EAST 149TH STREET
MIAMI FL 33181-1111

Mailing Address
% SAUL CAMARGO
1945 NORTH EAST 149TH STREET
MIAMI FL 33181-1111

3. Date Incorporated or Qualified: **09/03/1981**
3a. Date of Last Report: **04/04/1996**

2. Principal Place of Business
21 **1865 NE 144 STREET**
Suite, Apt. #, etc.
22 **NORTH MIAMI FLORIDA**
City & State
23 **33181**
Zip / Country
24 / 25 **USA**

2a. Mailing Address
26
Suite, Apt. #, etc.
27 **1865 NE 144 STREET**
City & State
28 **NORTH MIAMI FLORIDA**
Zip / Country
29 **33181** / 30 **USA**

4. FEI Number: **59-2135281** ☐ 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
CAMARGO, SAUL
1945 NORTH EAST 149TH STREET
MIAMI FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **1865 NE 144 STREET**
83
84 City **NORTH MIAMI** **FL** 85 Zip Code **33181**

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PD** / **CAMARGO, SAUL** / **1945 NE 149TH STREET** / **N MIAMI FL** ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition: **1865 NE 144 STREET** / **NORTH MIAMI FL 33181**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**STD** / **CAMARGO, ROSARIO** / **1945 NE 149TH STREET** / **N MIAMI FL** ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition: **1865 NE 144 STREET** / **NORTH MIAMI FL 33181**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: SAUL CAMARGO — 3/18/97 — 305-945-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248414