

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:02

DOCUMENT # **G87911** (5)

1. Corporation Name

TECHNICAL INTERNATIONAL CORPORATION

Principal Place of Business

**1000 BRICKELL AVENUE
SUITE 680
MIAMI FL 33131**

Mailing Address

**1000 BRICKELL AVENUE
SUITE 680
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/19/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2365948

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**REGISTERED AGENT SERVICES CO.
444 BRICKELL AVE.
SUITE 200
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 registered agent or authorized officer or director)

(Signature of registered agent or authorized officer or director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ZAYAS, FERNANDO
STREET ADDRESS	4341 S.W. 62ND AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	MCGREGOR, DONALD A
STREET ADDRESS	730 TIBIDABO
CITY, ST, ZIP	CORAL GABLES FL
TITLE	VPD
NAME	GOLDSTEIN, KATTIA
STREET ADDRESS	335 GREENWOOD DR
CITY, ST, ZIP	KEY BISCAVNE FL
TITLE	D
NAME	MONTEALEGRE, ELIZA
STREET ADDRESS	782 RIDGEWOOD DR
CITY, ST, ZIP	KEY BISCAVNE FL
TITLE	PS
NAME	GENGHINI, ALBERTINA
STREET ADDRESS	141 CRANDON BLVD
CITY, ST, ZIP	KEY BISCAVNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	1000 Brickell Ave St 680
24 CITY, ST, ZIP	Miami FL 33131
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☒ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	1000 Brickell Ave St 680
44 CITY, ST, ZIP	Miami FL 33131
51 TITLE	☐ Change ☒ Addition
52 NAME	Director
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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 or in an attachment with an address.

SIGNATURE:

[Signature]

KATTIA GOLDSTEIN

1/9/95

(305) 374-1054

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Telephone Number