

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H58066** (2)

1. Corporation Name  
**TECHNOGROUP, INC.**

Principal Place of Business

**6790 EAST ROGERS CIR  
BOCA RATON FL 33487  
US**

Mailing Address

**4800 N FEDERAL HWY  
STE 307 B  
BOCA RATON FL 33431-5145  
US**



3. Date Incorporated or Qualified <b>05/15/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>6580 EAST ROGERS CIR</b> Suite, Apt #, etc. 22 City & State 23 <b>BOCA RATON, FL</b> Zip 24 <b>33487</b>	2a. Mailing Address 26 <b>4800 N FEDERAL HWY</b> Suite, Apt #, etc. 27 <b>STE 304D</b> City & State 28 <b>BOCA RATON FL</b> Zip 29 <b>33431</b> Country 30 <b>US</b>	4. FEI Number <b>59-2532532</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**CAP SERVICE CORPORATION  
SANCTUARY CENTRE, STE 307 B  
4800 NORTH FEDERAL HWY.  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name <b>LYNNE S. K. VENTRY PA</b>	85 Zip Code <b>33431</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>SANCTUARY CENTRE STE 304D</b>	
83 <b>4800 N FEDERAL HWY.</b>	
84 City <b>BOCA RATON</b>	FL

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

*Lynne S. K. Ventry, President* **LYNNE S. K. VENTRY, PA** **4/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLFF, MAURICIO</b>	1.2 NAME	
STREET ADDRESS	<b>1371 NW 13TH WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DVS</b>	2.2 NAME	
STREET ADDRESS	<b>DELROSAL, JOSE ANTONIO</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>1371 NW 13TH WAY</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP</b>	3.2 NAME	
STREET ADDRESS	<b>WOLFF, ROSANGELA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>1371 NW 13TH WAY</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Rosangela Wolff* **ROSANGELA WOLFF**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

561-989-8900

Date

Daytime Phone #

CR2E034 (9/96)