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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H58066

(2)

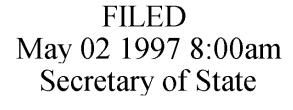
TECHNOGROUP, INC.

Principal Place of Business

6780 EAST ROGERS CIR

Mailing Address

4800 N FEDERAL HWY





BOCA RATON US	FL 33487	STE 307 B BOCA RATON FL 33431-5145 US	5	3. Date Incorporated or Qualified 05/15/1985	3a. Date of Last Report 05/01/1996
- / - Q	lace of Business	2a. Mailing Address	TRAL HUNG	4. FEI Number	Applied For
	D EAST ROGERS CIR	26 4800 N PEDE	sume timi	59-2532532	Not Applicable
Suite, Apt		Suite, Apt #, etc. 27 STE 3040		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 BOCA		28 BOCA RATON	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24 3348	1771	29 33431 3	o US		Yes No
	9. Name and Address of Current	Registered Agent	94 N	10. Name and Address of New Re	gistered Agent
	SERVICE CORPORATION		81 Name	YNNE S.K. V	entry ya
	ICTUARY CENTRE STE 307 B		62 Street Addre	ess (P.O. Box Number is Not Acceptate	* STE 304D
	O NORTH FEDERAL HWY.		83 (100	· · · · · · · · · · · · · · · · · · ·	
BU	CA RATION FL 33431)		~ 48¢	o n federal h	wy.
			84 City Box	A RATON	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the c	purpose of changing its registered
	egistered agent, or soth, in the State of m familiar with, and accept the obligation	of Florida. Such change was autions of Section 607.0505, Florida	thorized by the corporation of t	on's board of directors. I hereby accept  LYNNE S.K. VENTR	
SIGNATURE	Signature Typed or profiled name of registered agent	and title if applicable. (NOT) F	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DCT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOLFF, MAURICIO		1.2 NAME		
STREET ADDRESS	1371 NW 13TH WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	····	1.4 CITY-SY-ZIP		
TITLE	DVS	☐ DELETE	21 TITLE		Change Addition
NAME	DELROSAL, JOSE ANTONIO		2.2 NAME		
STREET ADDRESS	1371 NW 13TH WAY		2.3 STREET ADORESS		İ
CITY-ST ZIP	BOCA RATON FL	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE	DP	L''I DETEIL	3.1 TITLE		jes ( Change Addition
NAME	WOLFF, ROSANGELA		3.2 NAME		
STREET ADDRESS	1371 NW 13TH WAY BOCA RATON FL		3.3 STREET ADDRESS		
CITY - ST - ZIP	BUGA RATUN FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		E DECEN	4.1 HILE 4.2 NAME		time country CT requirem
NAME Oroset Adoptedo				•	
STREET ADDRESS			4.3 STREET ADORESS		
CHTY - ST - ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		Decem	52 NAME		mm armiba — Admini
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY - ST - ZIP		
CITY-ST-ZIF TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
		- Other	6.2 NAME		arm a milko transitati
NAME CONCUTADODICO			6.3 STREET ADDRESS		
STRELT ADDRESS					
CITY-ST-ZIP	by codify that the information supplied	(with this filing does not a willing	6.4 City-ST-ZIP	Lin Section 119 07(3)(i) Florida Statuta	a I further earth, 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.

4-10-97

561-989-8900