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Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K96112 (3)
1. Corporation Name
TECHNICAL SERVICE CORPORATION INTERNATIONAL, INC



Principal Place of Business: 1490 NW 79TH AVENUE MIAMI FL 33126 US
Mailing Address: 1490 NW 79TH AVENUE MIAMI FL 33126-1610 US

3. Date Incorporated or Qualified: 06/16/1989
3a. Date of Last Report: 04/22/1996
4. FEI Number: 65-0168482
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 City & State
24 Zip Country
25 Country
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30 Country

9. Name and Address of Current Registered Agent
FISHMAN, JACOB
1385 NW 15 ST
MIAMI FL 33125

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: VTD
NAME: MCIIVAIN, STEPHEN
STREET ADDRESS: 2121 N. BAYSHORE DRIVE, #1011
CITY- ST- ZIP: MIAMI FL
TITLE: PD
NAME: NODINE, JAMES
STREET ADDRESS: 2426 FISHER ISLAND DR.
CITY- ST- ZIP: MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 included 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 in an attachment with an address.

SIGNATURE: *[Signature]* JAMES G. Nodine 2/3/97 305-592-6557

CR2E034 (9/96)