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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L50216 (5)

1. Corporation Name
TECNOSERVICES, INC.

Principal Place of Business

~~1580 SOPERA AVENUE
CORAL GABLES FL 33134~~

Mailing Address

~~1580 SOPERA AVENUE
CORAL GABLES FL 33104-6248~~

3. Date Incorporated or Qualified
02/15/1990

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 6411 SW 35 Street

2a. Mailing Address

26 6411 SW 35 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 none

27 none

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

Country

Country

24 33155

25 USA

29 33155

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALLI JOSE MANUEL
9700 S DIXIE HWY, STE 930
MIAMI, 33156

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPS
NAME SZMULEWICZ, SILVIO
STREET ADDRESS 1580 SOPERA AVE.
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVT
NAME SZMULEWICZ, SUSANA E.D.E
STREET ADDRESS 1580 SOPERA AVE.
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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:

Silvio Szmulewicz

04/15/97

(305) 444-4008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0170613

CR2E034 (9/96)