

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M39659** (1)
1. Corporation Name
TECHNICAL CONSTRUCTION, CORP.



Principal Place of Business: 3500 S.W. 111TH AVE. MIAMI FL 33165
Mailing Address: 3500 S.W. 111TH AVE. MIAMI FL 33165

3. Date Incorporated or Qualified: 10/08/1986
3a. Date of Last Report: 04/20/1995
4. FEI Number: 65-0053126
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 18231 S.W. 25th STREET
Suite, Apt. #, etc.
22 MIRAMAR,
City & State
23 FLORIDA
Zip 33029 Country BROWARD
2a. Mailing Address
26 18231 S.W. 25th STREET
Suite, Apt. #, etc.
27 MIRAMAR,
City & State
28 FLORIDA
Zip 33029 Country BROWARD

9. Name and Address of Current Registered Agent
SUAREZ, MRS. MARIA V.
3500 S.W. 111TH AVENUE
MIAMI FL 33165

10. Name and Address of New Registered Agent
81 Name: MARIA V. SUAREZ
82 Street Address (P.O. Box Number is Not Acceptable): 15321 S.W. 51st STREET
83
84 City: MIRAMAR FL 85 Zip Code: 33027

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: _____ DATE: 4-4-96.

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SUAREZ, KEMEL P.	
STREET ADDRESS	3500 SW 111TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SUAREZ, MARINA	
STREET ADDRESS	3500 SW 111TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SUAREZ, MARIA V.	
STREET ADDRESS	3500 SW 111TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SUAREZ, KEMEL A.	
STREET ADDRESS	3500 SW 111TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUAREZ, KEMEL P.	
1.3 STREET ADDRESS	18231 S.W. 25th STREET	
1.4 CITY-ST-ZIP	MIRAMAR, FLORIDA 33029	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUAREZ, MARINA	
2.3 STREET ADDRESS	18231 S.W 25th STREET	
2.4 CITY-ST-ZIP	MIRAMAR, FLORIDA 33029	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUAREZ, MARIA V.	
3.3 STREET ADDRESS	15321 S.W. 51st STREET	
3.4 CITY-ST-ZIP	MIRAMAR, FLORIDA 33027	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUAREZ, KEMEL A.	
4.3 STREET ADDRESS	18231 S.W. 25th STREET	
4.4 CITY-ST-ZIP	MIRAMAR, FLORIDA 33029	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
Date: 04/02/96 (954) 438-1003
4-496

CR2E034 (12/95)