

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M91642
1. Corporation Name
TECSAFE, INC.

(2)



Principal Place of Business
**% HENRY I. SMYLER, ESG.
9200 S. DADELAND BLVD. SUITE 520
MIAMI FL 33156**

Mailing Address
**% HENRY I. SMYLER, ESG.
9200 S. DADELAND BLVD. SUITE 520
MIAMI FL 33156**

3. Date Incorporated or Qualified **07/29/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0076152** Applied For Not Applicable
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. 198.032 Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**SMYLER, HENRY I.
9200 S. DADELAND BLVD.
SUITE 520
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.07(2) and 607.08(1) 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 will be effective if the corporation's board of directors thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.08(1), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> OFFICER
NAME	SMYLER, HENRY I.	
STREET ADDRESS	9200 S. DADELAND BLVD.	
CITY, ST, ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DIRECTOR
NAME	SAFFER, HOWARD	
STREET ADDRESS	9200 S DADELAND BLVD	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied herein is true and correct, for the exemption stated in Section 119.04(3)(g), Florida Statutes. I further certify that the information indicated on this report of registered agent is correct and that my registered status has the same legal effect as if made under oath. I am an officer or director of the corporation or trustee empowered to execute the report and filed by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed after filing with an officer.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)