P03000091235

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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04/19/04--01054--014 **35.00



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 26, 2004

JOZSEF L KISS KISSIMPEXP LLC 1321 N FEDERAL HWY HOLLYWOOD, FL 33021

SUBJECT: TECHNO COOP USA INC.

Ref. Number: P03000091235

We have received your document for TECHNO COOP USA INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Letter Number: 404A00027412

Pamela Smith Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TECHNO COOP USA INC. (Name of corporation)
DOCUMENT NUMBER: \$\P 03 0000 91235
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JO29EF L. KUS (Name of person)
(Name of person)
(Name of firm/company)
(Name of tirm/company)
1321 N. FEDERAL HWY (Address)
HOWY WOOD, Fr 33020 (City/state and zip cbde)
For further information concerning this matter, please call:
Jozstef L. Kiss at (954) 647-7236 (Name of person) (Area code & daytime telephone number
(Name of person) (Area code & daytime telephone number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	-							a Statut RUD-			_
change is submit							100	14-17-	<u> </u>	in o	rder.
to change its reg	**	_									
1. The name of the	he corporation:	TECHT	D	COOP	AZN	150	<u> </u>				
2. The principal of				DERAL				NIA	BEAL	H, F	<u>[_3300</u>
3. The mailing ac	ddress (if differ	ent): <u>1321</u>	N. =	FEDER	te Hu	14, it	OLLY	MOUD	· 元 (330,2	<u>'0</u>
4. Date of incorp	oration/qualific	ation: <u>182</u>	0/03		ocument	number:	Po	3000	0912	35	
5. The name and Florida Depart	tment of State:		٠,	_					;		
	(SPIEGER	_ a	UTRE	PA. 1	P. A.					
		SPIEGEL 1840 S	مُلاً	22 nd	ST.,	yth	Fi	o-R		£	
		MAN	í, 7	7 3	3145	-			AHAS	HAY -	Clarator
6. The name and (if changed):	Fozs	ef. L. N. Fea	<u>K</u> tera	135 (K159	5 [M] [WD	PEX	PI	SEE. FLORIDA	, AM 9: 06	
The street addre	identical.										
Such change wa	as authorized be corporation h	y resolution di as been notifi	uly ado ed in w	pted by its riting of th	board of e change	f directo:	rs or by	an offi	cer so aut	horized	by
	of white	ኡ '				ш	KLO	s vo	REA	-	
•	signature of air offic	•			<u></u> _	(Pī	inted or ty	ped name	and title)		
I hereby accept I further agree to duties, and I am being filed mere been notified in	the appointme to comply with a familiar with ely to reflect a writing of this	nt as registere the provisions and accept the change in the change.	ed agen s of all e obliga registe	t and agrees statutes re- statutes re- ation of my red office o	e to act i lative to position iddress,	n this ca the prop as regis I hereby	pacity. er and o stered a confirm	complet gent. C i that th	e perforn e, if this e corport	nance oj docume ation ha	fmy nt is s
	(Signature of Regist	erred Agent)				····-	04	14 (4		
If signing on be								(-)			
	(Typed or Printed	Name)						(Capacity)	· · · · · · · · · · · · · · · · · · ·		-

* * * FILING FEE: \$35.00 * * *