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

CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 12:26

DOCUMENT # P35288 (0)

1. Corporate Name:

TECHNICO-FLOR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8089 NW 67TH STREET<br>MIAMI FL 33166 | 8089 N.W. 67TH STREET<br>MIAMI FL 33166<br>US |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 08/26/1991 | 04/26/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| State Apt # or Ste<br>22 | State Apt # or Ste<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: 13-3428420 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

GROLLEAU ERIC
8089 N.W. 69TH STREET
MAIMI FL 33166

**10. Name and Address of New Registered Agent**

81 Name: ERIC GROLLEAU
82 Street Address (P.O. Box Number is Not Acceptable): 8089 NW 67 th Street
83
84 City: Miami FL 85 Zip Code: 33166

11. Pursuant to the provisions of Section 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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:

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |
|---|---|---|
| 01 TITLE | DM | ☐ Change ☐ Addition |
| 02 NAME | GROLLEAU, ERIC | |
| 03 STREET ADDRESS | 2250 KEYSTONE BLVD | |
| 04 CITY-ST-ZIP | N. MIAMI FL | |
| 05 TITLE | P | ☐ Change ☐ Addition |
| 06 NAME | SABATER, FRANCOIS | |
| 07 STREET ADDRESS | RESIDENCE THALASSA | |
| 08 CITY-ST-ZIP | MARSEILLES, FRANCE | |
| 09 TITLE | | ☐ Change ☐ Addition |
| 10 NAME | | |
| 11 STREET ADDRESS | | |
| 12 CITY-ST-ZIP | | |
| 13 TITLE | | ☐ Change ☐ Addition |
| 14 NAME | | |
| 15 STREET ADDRESS | | |
| 16 CITY-ST-ZIP | | |
| 17 TITLE | | ☐ Change ☐ Addition |
| 18 NAME | | |
| 19 STREET ADDRESS | | |
| 20 CITY-ST-ZIP | | |
| 21 TITLE | | ☐ Change ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.1622, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk (*), or on an attachment with an asterisk.

**SIGNATURE:** [signature] 1/10/95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING (BY OFFICER OR DIRECTOR) — Date

305 594 2557
Area Code & Daytime Phone Number

0103360 CP