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 # **P35288** **(0)**

1. Corporation Name

TECHNICO-FLOR, INC.

Principal Place of Business	Mailing Address
~~8089 NW 67TH STREET~~	~~8089 N.W. 67TH STREET~~
~~MIAMI FL 33166~~	~~MIAMI FL 33166~~ US
5803 MIAMI LAKES DR. MIAMI LAKES, FL. 33014	5803 MIAMI LAKES DR. MIAMI LAKES, FL. 33014

2. Principal Place of Business 21: 5803 MIAMI LAKES DR.	2a. Mailing Address 26: 5803 MIAMI LAKES DR.
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: MIAMI LAKES, FL.	City & State 28: MIAMI LAKES, FL.
Zip 24: 33014 Country 25: USA	Zip 29: 33014 Country 30: USA

3. Date Incorporated or Qualified: 08/26/1991
3a. Date of Last Report: 01/17/1995
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~~ 5803 MIAMI LAKES DR.
~~MAIMI FL 33166~~ MIAMI LAKES, FL. 33014

10. Name and Address of New Registered Agent

81 Name: ERIC GROLLEAU
82 Street Address (P.O. Box Number is Not Acceptable): 5803 MIAMI LAKES DRIVE
83
84 City: MIAMI LAKES **FL** 85 Zip Code: 33014

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] ERIC GROLLEAU, VP. Date 1/19/96

12. OFFICERS AND DIRECTORS

TITLE	DM	☐ DELETE
NAME	GROLLEAU, ERIC	
STREET ADDRESS	2250 KEYSTONE BLVD	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	P	☐ DELETE
NAME	SABATER, FRANCOIS	
STREET ADDRESS	RESIDENCE THALASSA	
CITY-ST-ZIP	MARSEILLES, FRANCE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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] ERIC GROLLEAU 1/19/96 (305) 821-9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)