FILE NOW: FILING FEE AFTER MAY 1 IS \$558.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

1997	DIVISION OF CO	97 JUL -7 AM S-41	
DOCUMENT # P35288 (O) 1. Corporation Name			SECRETARY OF STATE
Technico-Flo		· .	TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			-
5803 Miami Lakes Di	, 5803 Hiami L	akes Dr.	
Miami Lakes, Fl 33014 Hiami Lakes, Fl 33014			3. Date Incorporated or Qualified 3a. Date of Last Report 08/26/1991 01/25/1996
Principal Place of Business The Principal Place of Business	26		4. F6/ Number Applied For 13-3428420 Not Applied be
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 25		Country 0	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registered Agent
GROILEAU, ERIC 5803 Miami Lakes Miami Lakes, FL3			TRIC GROILEDU Tress (P.O. Box Number is Not Acceptable) B. Wiami (akes Drive
'///	`	Miai	MI LAKES FL 85 30/4 Poration submits this statement for the purpose of changing its registered
office or registered agent, or could not free agent. I am familiar with, and section title of SIGNATURE	are of Florida. Such change was au frations of Section 607.0505, Flori	thorized by the corpora da Statutes.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered to the state of the state
Signature of printed or printed in the of registered		Registered Agant signature requ	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME GROLLEAU, ECI	☐ DELETE	1.1 TOTLE	800002235358— Addition
NAME GROVEBU, ETT	a alva	1.2 NAME	-07/10/9701095009
STREET ADDRESS 2850 Keyston	ne Bira.	1.3 STREET ADDRESS	****165.00 ****165.00
TITLE D. MIAMI, +1	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	☐ Change ☐ Addition
NAME Sabater, Fron		2.2 NAME	
STREET ADDRESS Residence That	/2552	2.3 STREET ADDRESS	
CITY-ST-ZIP MACSEILLES, 7	cance	2.4 CITY-ST-ZIP	
TITLE	DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4. CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this information indicated on this annual report or suppliered I am an officer or director of the corporation or the repair appears in Block 12 or Block 13 if changed, over an att ing loes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the fundamental information and that my signature shall have the same legal effect as if made under oath; that profrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME 63 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

Eric Grolleau 2/1/97

Change

Change

Addition

Addition

TECHNICO-FLOR, INC. C/O MARCIE 5803 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014

Request taken by: aalan 06-24-1997

The forms you recently requested from this office are:

(1) 201. Cor Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

as per my telephone conversation with you, the following is a replacement form and check to replace the one we pent to you on 1/2/97 ch. # 1729 for \$1/650 which was destroyed. If you have any questions, please call me at (305) 821-9060.