

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:21

DOCUMENT # P93000013741 (2)

1. Corporation Name

TECHNORAM ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**899 NW. 7TH ST.
MIAMI FL 33126**

Mailing Address

**899 NW. 7TH ST.
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

02/24/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite Apt # etc.

2a. Mailing Address

26

Suite Apt # etc.

4. FEI Number

65-0395559

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. 199.012,
Florida Statutes.

☒ Yes

☐ No

24

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELFINO, DANTE A
3899 N.W. 7TH ST.
MIAMI FL 33126**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 of Registered Agent or New Registered Agent (If Applicable) (If Not Applicable, Leave Blank)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELFINO, DANTE A
STREET ADDRESS	9672 S.W. 148TH AVE.
CITY, ST, ZIP	MIAMI FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 NAME	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 NAME	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 NAME	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 NAME	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 NAME	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 136.07(2)(b), Florida Statutes. I further certify that the information indicated on this document 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on the statement with an address.

SIGNATURE:

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

Dante Delfino, President

04/14/95 (305)541-4986

Date

Signature