

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 05 1997 8:00am
Secretary of State

DOCUMENT # P93000079587 (0)

Corporation Name
TECHNOCEL, INC.

Principal Place of Business

200 S BISCAYNE BLVD
SUITE 4950
MIAMI FL 33131

Mailing Address

200 S BISCAYNE BLVD
SUITE 4950
MIAMI FL 33131-2372

3. Date incorporated or Qualified

11/08/1993

3a. Date of Last Report

03/12/1996

4. FEI Number

65-0447813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

21. Principal Place of Business

Suite, Apt. #, etc.

23. City & State

24. Zip Country

25

2a. Mailing Address

Suite, Apt. #, etc.

27. City & State

28. Zip Country

29

30

Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOPP, HAROLD
200 S BISCAYNE BLVD
SUITE 4950
MIAMI FL 33131

81. Name

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

83.

84. City

FL

85. Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME KOROWAJCZUK, LEONHARD
STREET ADDRESS #4950 - 200 SOUTH BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE

NAME DO NASCIMENTO, ANTONIO CARLOS
STREET ADDRESS #4950 - 200 SOUTH BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE

NAME RODRIGUES, CAIO CEZAR BEN
STREET ADDRESS #4950 - 200 SOUTH BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE

NAME TERRA, CARLOS EDUARDO
STREET ADDRESS #4950 - 200 SOUTH BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

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

6000002170516

-05/08/97--01003--057

***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, Florida Statutes, and that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature is 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 Section 607.0505, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HAROLD CHOPP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)