

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000033583 (3)

1. Corporation Name
TECHNO-COMM. OF FLORIDA INC.

Principal Place of Business P.O. BOX 998378 MIAMI FL 33299-8378	Mailing Address P.O. BOX 998378 MIAMI FL 33299-8378
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0490954	Applied For Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WOLFF, FREDERICK
8501 FONTAINEBLEAU BLV.
MIAMI FL 33172
14321 SW 62 St
MIAMI, FL 33183

10. Name and Address of New Registered Agent
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 607.0502 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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	WOLFF, FREDERICK		<input type="checkbox"/> DELETE	
NAME	P.O. BOX 998378 N/A				
STREET ADDRESS	MIAMI FL 33299-8378				
CITY-ST-ZIP					
TITLE	TD	ORLUCH, MARIO		<input checked="" type="checkbox"/> DELETE	
NAME	P.O. BOX 998378 N/A				
STREET ADDRESS	MIAMI FL 33299-8378				
CITY-ST-ZIP					
TITLE	TD	SALAZAR, GILBERT		<input type="checkbox"/> DELETE	
NAME	P.O. BOX 998378 N/A				
STREET ADDRESS	MIAMI FL 33299-8378				
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and 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:  04/19/98 (305) 408-0192

CR2E034 (1097)