

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063276 (7)

1. Corporation Name

TECH-FIND INTERNATIONAL, INC.

Principal Place of Business

% BROAD & CASSEL
7777 GLADES RD., SUITE 300
BOCA RATON FL 33434

Mailing Address

% BROAD & CASSEL
7777 GLADES RD., SUITE 300
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1994

3a. Date of Last Report

2. Principal Place of Business

21 5200 TOWN CENTER CIRC

2a. Mailing Address

26 5200 TOWN CENTER CIRCLE

4. FEI Number

65-0519694

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 302

Suite, Apt. #, etc.

27 SUITE 302

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 # 33486

Country

25 USA

Zip

29 33486

Country

30 USA

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MACFARLAND, RICHARD B
7777 GLADES RD.
SUITE 300
BOCA RATON FL 33434**

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 after amendments)

73A1

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

ALPERT, BERNARD

STREET ADDRESS

4865 HUNTERS WAY

CITY, ST, ZIP

BOCA RATON FL 33434

TITLE

D

NAME

MOORE, FRANK

STREET ADDRESS

4865 HUNTERS WAY

CITY, ST, ZIP

BOCA RATON FL 33434

TITLE

D

NAME

FERRE, ANTONIO R.

STREET ADDRESS

5200 TOWN CENTER CIRCLE-SUITE 302

CITY, ST, ZIP

BOCA RATON, FL 33486

TITLE

D

NAME

FERRE, ANTONIO R.

STREET ADDRESS

5200 TOWN CENTER CIRCLE-SUITE 302

CITY, ST, ZIP

BOCA RATON, FL 33486

TITLE

D

NAME

FERRE, ANTONIO R.

STREET ADDRESS

5200 TOWN CENTER CIRCLE-SUITE 302

CITY, ST, ZIP

BOCA RATON, FL 33486

TITLE

D

NAME

FERRE, ANTONIO R.

STREET ADDRESS

5200 TOWN CENTER CIRCLE-SUITE 302

CITY, ST, ZIP

BOCA RATON, FL 33486

TITLE

D

NAME

FERRE, ANTONIO R.

STREET ADDRESS

5200 TOWN CENTER CIRCLE-SUITE 302

CITY, ST, ZIP

BOCA RATON, FL 33486

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

ALPERT, BERNARD

1.3 STREET ADDRESS

5200 TOWN CENTER CIRCLE-SUITE 302

1.4 CITY, ST, ZIP

BOCA RATON, FL 33486

2.1 TITLE

D

2.2 NAME

MOORE, FRANK

2.3 STREET ADDRESS

5200 TOWN CENTER CIRCLE-SUITE 302

2.4 CITY, ST, ZIP

BOCA RATON, FL 33486

3.1 TITLE

D

3.2 NAME

FERRE, ANTONIO R.

3.3 STREET ADDRESS

5200 TOWN CENTER CIRCLE-SUITE 302

3.4 CITY, ST, ZIP

BOCA RATON, FL 33486

4.1 TITLE

D

4.2 NAME

FERRE, ANTONIO R.

4.3 STREET ADDRESS

5200 TOWN CENTER CIRCLE-SUITE 302

4.4 CITY, ST, ZIP

BOCA RATON, FL 33486

5.1 TITLE

D

5.2 NAME

FERRE, ANTONIO R.

5.3 STREET ADDRESS

5200 TOWN CENTER CIRCLE-SUITE 302

5.4 CITY, ST, ZIP

BOCA RATON, FL 33486

6.1 TITLE

D

6.2 NAME

FERRE, ANTONIO R.

6.3 STREET ADDRESS

5200 TOWN CENTER CIRCLE-SUITE 302

6.4 CITY, ST, ZIP

BOCA RATON, FL 33486

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)(b), Florida Statutes. I further certify that the information included 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 of this report, or as an attachment with an address.

SIGNATURE:

Antonio R. Ferre

ANTONIO R. FERRE

4/20/95 (407) 561-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed)