

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000092446 (1)**

1. Corporation Name  
**TECHTILE, INC.**



Principal Place of Business: **10400 30 PL. MIAMI FL 33147**  
Mailing Address: **10400 30 PL. MIAMI FL 33147**

2. Principal Place of Business: 21 Sube, Apt #, etc; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Sube, Apt #, etc; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **12/20/1994**  
3a. Date of Last Report: **01/02/1995**  
4. FEI Number: **65-0541438**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**CASTILLO, ALFRED  
10400 N.W.30 PL.  
MIAMI FL 33147**

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Numbers Not Applicable); 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1104, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0305, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTILLO, ALFRED</b>	
STREET ADDRESS	<b>10400 30 PL.</b>	
CITY, ST, ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>DVS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SANTOS, EDUARDO</b>	
STREET ADDRESS	<b>10400 30 PL.</b>	
CITY, ST, ZIP	<b>MIAMI FL 33147</b>	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(k), Florida Statutes. I further certify that the information indicated 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 if changed, or on an attachment with an address.

SIGNATURE: *Alfredo Castillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)