

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000044723 (1)**

1. Corporation Name
TECHNO-2000, INC.



Principal Place of Business: **855 SOUTH FEDERAL HIGHWAY STE 203 BOCA RATON FL 33432**
Mailing Address: **855 SOUTH FEDERAL HIGHWAY STE 203 BOCA RATON FL 33432**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **06/01/1995**
3a. Date of Last Report
4. FEI Number: **65-0594771**
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**ROWSHANDEL, SAEED
855 SOUTH FEDERAL HIGHWAY STE 203
BOCA RATON FL 33432**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	EFTEKHARI, MOHAMMAD	1.2 NAME	
3. STREET ADDRESS	855 SOUTH FEDERAL HIGHWAY STE 203	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	BOCA RATON FL 33432	1.4 CITY, ST, ZIP	
5. TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	EFTEKHARI, FIROUZEH	2.2 NAME	
7. STREET ADDRESS	1847 S.W. 17TH ST.	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	BOCA RATON FL	2.4 CITY, ST, ZIP	
9. TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	ELLINI, ZAHRA	3.2 NAME	
11. STREET ADDRESS	23312-C S.W. 58TH AVENUE	3.3 STREET ADDRESS	
12. CITY, ST, ZIP	BOCA RATON FL 33428	3.4 CITY, ST, ZIP	
13. TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	ROWSHANDEL, SAEED	4.2 NAME	
15. STREET ADDRESS	23312-C S.W. 58TH AVENUE	4.3 STREET ADDRESS	
16. CITY, ST, ZIP	BOCA RATON FL 33428	4.4 CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 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 affidavit with an address.

SIGNATURE: *M. Eftekhari* **Mohammad EFTEKHARI**

1-30-96

CR2E034 (12/95)