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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000066347 (2)

1. Corporation Name
TSI TECHNOLOGY SUPPLIERS, INC.



Principal Place of Business Mailing Address
8290 LAKE DRIVE SUITE 418 MIAMI FL 33166
8290 LAKE DRIVE SUITE 418 MIAMI FL 33166-4675

3. Date Incorporated or Qualified 08/28/1995 3a. Date of Last Report 06/19/1996
4. FEI Number 65-0608834 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

ALARCON, JOSE
8186 N.W. 58TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name Jose Alarcon
82 Street Address Number is Not Acceptable 6595 NW 36 St. Ste 116
83 MIAMI, FL 33166
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 for all applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PT RIBIERO, ARNALDO ☐ DELETE
NAME RIBIERO, ARNALDO
STREET ADDRESS 7976 NW 66 ST
CITY-ST-ZIP MIAMI FL
TITLE S ☐ DELETE
NAME HALLEY, JAMES
STREET ADDRESS 8290 LAKE DR #418
CITY-ST-ZIP MIAMI FL
TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P AIDEMARO RIBIERO ☒ Change ☐ Addition
1.2 NAME 7976 NW 66 ST.
1.3 STREET ADDRESS MIAMI, FL 33166
1.4 CITY-ST-ZIP
2.1 TITLE PT ARNALDO RIBIERO ☒ Change ☐ Addition
2.2 NAME 7976 NW 66th ST.
2.3 STREET ADDRESS MIAMI FL 33166
2.4 CITY-ST-ZIP
3.1 TITLE S HALLEY CAMEJO ☒ Change ☐ Addition
3.2 NAME 8290 LAKE DRIVE Suite 418
3.3 STREET ADDRESS MIAMI, FL 33166
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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or changed, or on an attachment with an address.

SIGNATURE: [Signature] HALLEY CAMEJO 2-19-97 (35) 77-6289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)