

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000086597

Corporation Name

TECHNOLOGY CONTRACTORS INTERNATIONAL, INC.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90021 048 ***158.75



Principal Place	e of Business	Mailing Address			
8339 N.W. 64TH STREET		9830 S.W. 118TH AVE.			
MIAMI FL 33165		MIAMI FL 33186		DO NOT MIDITE IN THIS SPACE	
US		US		DO NOT WRITE IN THIS SPACE	
•				3. Date Incorporated or Qualifed	
				11/06/1995	
	lace of Business	2a. Mailing Address	-2 Tau.	4. FEI Number	Applied For
	8 200 1 10 3 1101 1	T 26 14046 SU	72 MOPI U	65-0680723	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & Stat	1.7	City & State	ر	6. Election Campaign Financing	\$5.00 May Be
23 MIA	ni tzokida		<u>Frorioa</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
<u> 24 3318</u>			.A.2 <u>U</u> 5.	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent	04 N	10. Name and Address of New Register	red Agent
MAAD	ITINEZ, FERNANDO J		81 Name	etimes fermando	3 .
	•		82 Street Add	ress (P.O. Box Number is Not Acceptable)	-
9830 S.W. 118TH AVE. MIAMI FL 33186				TOPI WE STA	reez
MIAI	WI FL 33186		83		
			84 City		85 Zip Code
	_		Mil	Auri	FL 33186
11. Pursuant	to the provisions of Sections 607 7800	2 and 607.1508, Florida Statute	s, the above-named con	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its registered
office or r	egistered agent, of beth, in the salte m familiar with and accept the soligat	of Florida. Such change was au tions of Section 607 0505. Flori	thorized by the corporati da Statutes.	ion's board of directors. I hereby accept the a	ppointment as registered
	HI (A) I mall!	dona di Gocilon doi idoda, i lan	da otatalos.	Ilialao	٨
SIGNATURE	Signature, bleed or printed name of Agistered agen	it and title if applicable. (NOTE: I	Registered Agent signature requir	red when reinstating) DATI	E
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	-	Change Addition
NAME	MARTINEZ, FERNANDO J		1.2 NAME		
STREET ADDRESS	9830 S.W. 118TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP		
TITLE	709	DELETE	2.1 TITLE		Change Addition
NAME	PENA, JOSE E		2.2 NAME		
=	13441 S.W. 74TH STREET		2.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL		l i		
CITY-ST-ZIP	Baravi FL	DELETE *	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE			3.2 NAME		- • - ,
NAME	.			•	
STREET ADDRESS	}		3.3 STREET ADDRESS		•
CITY-ST-ZIP		. Delete	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		□ Autoride □ Videndo
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	<u>-</u>	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change ☐ Additio
NAME	{		5.2 NAME	•	
STREET ADDRESS	<u> </u>		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	}		6.4 CITY-ST-ZIP		
CITY-ST-ZIP		7	4-4 OH 1-01-24		

14. I 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 trueve 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 one attachment with all other like empowered.

SIGNATURE: