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FILED
Feb 13 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 # P95000088309 (6)

1. Corporation Name
TECH RESOURCES OF FLORIDA, INC.



Principal Place of Business: **3832 SHIPPING AVE. MIAMI FL 33146**
 Mailing Address: **3832 SHIPPING AVE. MIAMI FL 33146-1517**

3. Date Incorporated or Qualified: **11/17/1995**
 3a. Date of Last Report: **02/06/1996**

2. Principal Place of Business: [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]

4. FEI Number: **65-0631352**
 Applied For: Not Applicable

Suite, Apt. #, etc. [22] [27]

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State [23] [28]

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip [24] [29] Country [25] [30]

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSOWSKY, MERELE
3832 SHIPPING AVE.
MIAMI FL 33146

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DELETE
 NAME: **P KOSOWSKY, MERELE**
 STREET ADDRESS: **3832 SHIPPING AVENUE**
 CITY-ST-ZIP: **MIAMI FL 33146**

1.1 TITLE: Change Addition
 1.2 NAME: *correct spelling*
 1.3 STREET ADDRESS: **Kosowsky, Merela**
 1.4 CITY-ST-ZIP:

TITLE: DELETE
 NAME: **VP KOSOWSKY, HOWARD**
 STREET ADDRESS: **3832 SHIPPING AVENUE**
 CITY-ST-ZIP: **MIAMI FL 33146**

2.1 TITLE: Change Addition
 2.2 NAME: **Kosowsky Howard**
 2.3 STREET ADDRESS:
 2.4 CITY-ST-ZIP:

TITLE: DELETE
 NAME: **ST PANELO, GRACE**
 STREET ADDRESS: **3832 SHIPPING AVENUE**
 CITY-ST-ZIP: **MIAMI FL 33146**

3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-ST-ZIP:

TITLE: DELETE
 NAME: **D FIDLER, ROSS**
 STREET ADDRESS: **3832 SHIPPING AVE**
 CITY-ST-ZIP: **MIAMI FL 33146**

4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 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 if changed, or on an attachment with an address.

SIGNATURE: *Ross Fidler* / **Ross Fidler** 2/10/97 305-441-8680
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)