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FILED
May 08 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 # P96000023665 (8)

1. Corporation Name

TECHNOLOGY MANAGEMENT AND CONSULTING, INC.



Principal Place of Business

850 OAKS LANE
#105
POMPANO BEACH FL 33069

Mailing Address

550 OAKS LANE
#105
POMPANO BEACH FL 33069-3778

2. Principal Place of Business

21 9861 S.W. 48 STREET

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33165

Country

25 U.S.A.

2a. Mailing Address

26 9861 S.W. 48 STREET

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33165

Country

30 U.S.A.

3. Date Incorporated or Qualified

03/15/1996

3a. Date of Last Report

4. FEI Number

65-0649629

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

9. Name and Address of Current Registered Agent

MORENO, MARIA G
13426 S.W. 44TH LANE
MIAMI FL

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 607.0502 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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME EMMANUELLI, CARLOS
STREET ADDRESS 550 OAKS LANE #105
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE TD ☒ DELETE

NAME ROMERAELLI, FRANCISCO M
STREET ADDRESS 4720 N.W. 102ND AVE. APT. 103
CITY-ST-ZIP MIAMI FL 33178

TITLE SD ☒ DELETE

NAME HUAUYA, DAVID
STREET ADDRESS 8950 S.W. 69TH COURT APT. 407
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☒ DELETE

NAME ZAPATA, DIANE
STREET ADDRESS 8950 S.W. 69TH COURT APT. 407
CITY-ST-ZIP MIAMI FL 33156

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)