

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 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 # **p96 0000 54 113**
1. Corporation Name
Thaen Technologies, Inc.

Principal Place of Business
**8405 NW 53 St
B-206
Miami, FL 33166**

Mailing Address
**8405 NW 53 St
B-206
Miami, FL 33166**

3. Date Incorporated or Qualified **6/24/96** 3a. Date of Last Report **N/A**

2. Principal Place of Business
21 **12149 S.W. 131 AVE.** 2a. Mailing Address
26 **12149 S.W. 131 AVE.** 4. FBI Number **65-0674924** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State **MIAMI, FL.** 28 City & State **MIAMI, FL.** 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip **33186** Country **USA** 29 Zip **33186** 30 Country **USA** 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

**Menendez, Alfredo M.
8405 NW 53 St,
B-206
Miami, FL 33166**

81 Name **Antonio Henriques**
82 Street Address (P.O. Box Number is Not Acceptable)
12149 S.W. 131 AVENUE
83
84 City **MIAMI** FL 85 Zip Code **33186**

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]** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO <input type="checkbox"/> DELETE
1.2 NAME	Menendez, Alfredo M.
1.3 STREET ADDRESS	8405 NW 53 St, # B-206
1.4 CITY - ST - ZIP	MIAMI, FL 33166
2.1 TITLE	<input type="checkbox"/> DELETE
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> DELETE
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	ANTONIO HENRIQUES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D.S. ANTONIO HENRIQUES
3.3 STREET ADDRESS	12149 S.W. 131 AVE.
3.4 CITY - ST - ZIP	MIAMI, FL. 33186
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002176349
6.3 STREET ADDRESS	-05/13/97--01038--023
6.4 CITY - ST - ZIP	***165.00

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 included 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 **[Signature]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Antonio Henriques, 4/24/97, 305-477-1744** Date Daytime Phone

CR2E034 (9/96)