

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP 29 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000059834 (7)

1. Corporation Name
TECHNIC INSURANCE CONSULTANT, INC.



Principal Place of Business

5632 S.W. 148TH COURT
MIAMI FL 33193

Mailing Address

5632 S.W. 148TH COURT
MIAMI FL 33193

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4800 West Flagler St
Suite, Apt. #, etc. # 4
City & State miami
Zip 33134 Country FL
2a. Mailing Address
26 4800 West Flagler St
Suite, Apt. #, etc. # 4
City & State miami
Zip 33134 Country FL

3. Date Incorporated or Qualified 07/17/1996
3a. Date of Last Report
4. FEI Number 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

DELGADO, NATALIO R
5632 S.W. 148TH COURT
MIAMI FL 33193

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 D
NAME DELGADO, NATALIO R
STREET ADDRESS 5632 S.W. 148TH CT.
CITY-ST-ZIP MIAMI FL 33193
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition
4000002309054-7
-10/01/97--01087--025
*****558.75 *****558.75
36 9.30.97

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 my address.