

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

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000090529 (4)**

1. Corporation Name
TECNOCONSULT INTERNATIONAL, INC.

Principal Place of Business
**5236 PINETREE DRIVE
MIAMI BEACH FL 33140**

Mailing Address
**5236 PINETREE DRIVE
MIAMI BEACH FL 33140**



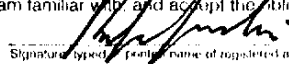
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4061 LAGUNA ST. Suite, Apt. #, etc. 22 City & State 23 CORAL GABLES, FL Zip 24 33146 Country 25 USA		2a. Mailing Address 26 4061 LAGUNA ST. Suite, Apt. #, etc. 27 City & State 28 CORAL GABLES, FL Zip 29 33146 Country 30 USA		3. Date Incorporated or Qualified 11/04/1996	
		4. FEI Number 65-0705044		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LARocca, ELIZABETH 80 SW 8TH STREET STE 2042 MIAMI FL 33130		10. Name and Address of New Registered Agent 81 Name RUFO GUERRESCHI 82 Street Address (P.O. Box Number is Not Acceptable) 4061 LAGUNA ST. 83 84 City CORAL GABLES FL 85 Zip Code 33146	
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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



2-3-98

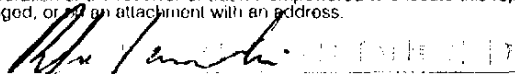
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS	1.1 TITLE	PVTS
NAME	GUERRESCHI, RUFO	1.2 NAME	GUERRESCHI, RUFO
STREET ADDRESS	5236 PINETREE DRIVE	1.3 STREET ADDRESS	4061 LAGUNA ST.
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:



1-23-98

305-442-0443

CR2E034 (10/97)