

FILE NOW: FILING FEE AFTER MAY 1 IS

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90326 007 ***150.00

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| CORPORATION ANNUAL REPORT 2001 |  | FLORIDA DEPARTMENT OF STATE Sand: B. Montiam Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|---|

DOCUMENT # P98000052410
 1. Corporation Name
 TEKNEUA INC. ✓

A0025545

Principal Place of Business Mailing Address
 5610 NW 114 Pl. #218 (same)
 Miami - FL. 33178

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 5610 NW 114 Pl #218 26

3. Date Incorporated or Qualified 3a. Date of Last Report
 6/11/98 2000

Suite, Apt. #, etc. 27
 22 Miami

4. FEI Number Applied For
 65-0842620 Not Applicable

City & State 28
 23 FL

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

Zip 33178 25 Country 29

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

Zip 33178 25 Country 29

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

Madeleine D. Longoray
 8360 W. Flagler St #203
 Miami - FL. 33144

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 *M. Longoray* DATE 2/19/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Pres. / Director
 NAME Riveras Luis D.
 STREET ADDRESS 5610 NW 114 Pl. #218
 CITY-ST-ZIP Miami - FL. 33178

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Luis Diego Riveras* DATE: 1/31/01 (305) 513-9801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #