

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 10:24

DOCUMENT # **S00777 (0)**

1. Corporation Name
TECHAGE, INC.

Principal Place of Business

P O BOX 694262
SUITE 101
MIAMI FL 33269

Mailing Address

P O BOX 694262
SUITE 101
MIAMI FL 33269

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/05/1990** 3a. Date of Last Report **06/14/1994**

2. Principal Place of Business 2a. Mailing Address
21 **2450 NE 135 St.** 26 **2450 NE 135 St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite # 905** 27 **Suite # 905**

City & State City & State
23 **North Miami, FL** 28 **North Miami, FL**

Zip Country Zip Country
24 **33181-3535** 25 **USA** 29 **33181-3535** 30 **USA**

4. FEI Number **NOT APPLICABLE** 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

LACAL, JOSE C
15625 NW 15 AVE
SUITE 101
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name **Jose C. Local**
82 Street Address (P.O. Box Number is Not Acceptable) **2450 NE 135 Street**
83 **Suite 905**
84 City **North Miami FL** 85 Zip Code **33181**

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, 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE

Jose C. Local
Signature of registered agent and title if applicable

Jose C. Local, P

(NOTE: Registered Agent signature is required when relating)

DATE

04/05/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LACAL, JOSE C.
STREET ADDRESS	3300 NE 192 ST LPH7
CITY - ST - ZIP	AVENTURA FL
TITLE	SD
NAME	LACAL, LUIS A.
STREET ADDRESS	3300 NE 192 ST LPH7
CITY - ST - ZIP	AVENTURA FL
TITLE	TD
NAME	LACAL, JUAN C.
STREET ADDRESS	3300 NE 192 ST LPH7
CITY - ST - ZIP	AVENTURA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Local, Jose C	
1 3 STREET ADDRESS	2450 NE 135 St # 905	
1 4 CITY - ST - ZIP	North Miami, FL 33181-3535	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 1 TITLE		
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
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		
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 110.07(3)(b), 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, attached as an attachment with an address.

SIGNATURE:

Jose C. Local
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose C. Local, Pres.

04/05/95

944-6261