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Apr 22 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 # S17429

(9)

1. Corporation Name

TECHNO-MANAGEMENT, INC.

Principal Place of Business

~~1500 SOPER AVE.~~  
~~CORAL GABLES FL 33134~~

Mailing Address

~~1500 SOPER AVE.~~  
~~CORAL GABLES FL 33134~~



3. Date Incorporated or Qualified

11/29/1990

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 4090 Laguna Street

2a. Mailing Address

26 4090 Laguna Street

Suite, Apt. #, etc.

22 202

Suite, Apt. #, etc.

27 202

City & State

23 Coral Gables, FL

City & State

28 Coral Gables, FL

Zip

24 33146

Country

25 USA

Zip

29 33146

Country

30 USA

4. FEI Number

65-0233547

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

PALLI, JOSE MANUEL  
9700 SO. DIXIE HWY, STE. 930  
MIAMI FL 33158

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 OPS  
NAME SZMULEWICZ, SILVIO  
STREET ADDRESS 1500 SOPER AVE.  
CITY- ST- ZIP CORAL GABLES FL

☐ DELETE

TITLE VPDT  
NAME FUENTES, ALEJANDRO  
STREET ADDRESS 1500 SOPER AVE.  
CITY- ST- ZIP CORAL GABLES FL

☐ DELETE

TITLE DVP  
NAME SZMULEWICZ, SUSANA E. DE  
STREET ADDRESS 1500 SOPER AVENUE  
CITY- ST- ZIP CORAL GABLES FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Silvio Szmulewicz

04/15/97

(305) 444-4008

Date

Daytime Phone #

0172526

CR2E034 (9/96)