

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

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Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
4090 LAGUNA ST
202
CORAL GABLES FL 33146-
US

Mailing Address
4090 LAGUNA ST
202
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/29/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0233547	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33146		25		29 30	

9. Name and Address of Current Registered Agent

PALLI, JOSE MANUEL
9700 SO. DIXIE HWY, STE. 930
MIAMI FL 33156

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZMULEWICZ, SILVIO	1.2 NAME	Szmulewicz, Silvio
STREET ADDRESS	1500 SOPERA AVE.	1.3 STREET ADDRESS	6411 SW 35 Street
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTES, ALEJANDRO	2.2 NAME	
STREET ADDRESS	1500 SOPERA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	DVPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZMULEWICZ, SUSANA E. DE	3.2 NAME	Szmulewicz, Susana E. De
STREET ADDRESS	1500 SOPERA AVENUE	3.3 STREET ADDRESS	6411 SW 35 Street
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Miguel J. Cruz
STREET ADDRESS		4.3 STREET ADDRESS	833 East 30th Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hialeah, FL 33013
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ S. SZMULEWICZ, PRES. 3/27/98 305-444-4008

CR2E034 (10/97)