


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

0219619

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90056 036 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S17429**

1. Corporation Name  
**TECHNO-MANAGEMENT, INC.**



<b>Principal Place of Business</b> 4090 LAGUNA ST 202 CORAL GABLES FL 33134 US	<b>Mailing Address</b> 4090 LAGUNA ST 202 CORAL GABLES FL 33146 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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<b>3. Date Incorporated or Qualified</b> 11/29/1990	<b>4. FEI Number</b> 65-0233547	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> PALLI, JOSE MANUEL 9700 SO. DIXIE HWY, STE. 930 MIAMI FL 33156
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<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DPS <input type="checkbox"/> DELETE
NAME	SZMULEWICZ, SILVIO
STREET ADDRESS	6411 SW 35 ST
CITY-ST-ZIP	MIAMI FL 33155
TITLE	DVPT <input type="checkbox"/> DELETE
NAME	SZMULEWICZ, SUSANA E DE
STREET ADDRESS	6411 SW 35 ST
CITY-ST-ZIP	MIAMI FL 33155
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	CRUZ, MIGUEL J
STREET ADDRESS	833 E 30TH ST
CITY-ST-ZIP	HIALEAH FL 33013
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP
3.3 STREET ADDRESS	CABRERA, RAFAEL R.
3.4 CITY-ST-ZIP	10412 SW 23RD TERRACE MIAMI, FL 33165
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	CELSO PIZANO
4.4 CITY-ST-ZIP	8523 SW 159th AVENUE MIAMI, FL 33193
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP
5.3 STREET ADDRESS	Rowlinson, Donald
5.4 CITY-ST-ZIP	2945 Whitehead St. MIAMI FL 33133
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 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, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/1/99

(305) 444-4008

Date

Daytime Phone #

CR2E034 (11/98)