FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5) **DOCUMENT #** 1. Corporation Name TRADER JACK INTERNATIONAL, INC. * NEW CORP. NAME: TECHHARK CORPORATION Mailing Address Principal Place of Business 710 E. MICHIGAN ST. 710 E. MICHIGAN ST. ORLANDO FL 32806 ORLANDO FL 32806 3a. Date of Last Report 3. Date Incorporated or Qualified U\$ HS 05/01/1995 03/11/1991 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0248048 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Zio ☐ Yes X No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **ESCALONI, JACK** 710 E. MICHIGAN ST. 83 #45 ORLANDO FL 32806 Zip Code 84 City ns 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am of 1. Section 607.0505, Florida Statutes. 11. Pursuant to the provisi or registered agent, or both familiar with, and accept th SIGNATURE CR2E034 (12/95) Signature, typed or p ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE PD TITLE 1.2 NAME **ESCALONI, JACK** NAME 1.3 STREET ADORESS 4340 NW 79TH AVE. #1D STREET ADDRESS. MIAMI FL 33166 1.4 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST- ZIP CITY - ST - ZIP Change Addition 3 1 1/10 THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY-ST-ZIP Addition 4.171116 TITLE 4.2 NAME 500001784805 NAME -04/18/36--01008--024 4.3 STREET ADDRESS STREET ADDRESS ***200.00 4.4 CITY - ST- ZIP CITY - ST - ZIP Addition Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C:TY - ST - ZIP CITY-ST-ZP DELETE 6 1 HILE THLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 agricul report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coath, that I am an officer or director of the comprehence 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 changes. This is a statement with an address.

SIGNATURE:

SIGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR