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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$43880

(1)

TECH 2000 ENTERPRISES, INC.

(1

Mailing Address

APPROVED AND FILED

97 APR 30 PM 1: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2300 CORAL WAY MIAMI FL 33145 US		2300 CORAL WAY MIAMI FL 33145-3511 US					
					3. Date Incorporated or Qualified 04/05/1991	3a. Date of Last R 05/01/1996	eport
2. Principal Piace of Business 2a. Mailing Address					4. FEI Number	Ar	oplied For
	ORAL WAY	26 2 3 0 0 CORAL WAY			65-0259495		ot Applicable
Suite, Apt #	7, etc	Suite, Apt. #, etc.		6. Certificate of Status Desired	1 1	Additional equired	
22 # 200 City & State		27 # 200 City & State			6. Election Campaign Financing		
	FLORIDA	28 MIAMI FLORIDA			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24 33145 25 US		29 33145 30 US		Florida Statutes Yes No			
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA ANNUAL REPORT SERVICES INC				81 Name			
2300 CORAL WAY				82 Street A	Address (P.O. Box Number is Not Acceptab	le)	
#200 Allahi El 20145				83			
MIAMI FL 33145							
			\	84 City		FL 85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.0592	and 607.1508, Florida Statu	ites, the al	oove-named o	corporation submits this statement for the p		ts registered
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 bord, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, ram familiar with and agreepying ophilications of the section 607.0502. Florida Statutes.							
SIGNATURE Signature: typed at Twine failure of agent and title if approable. (NOTE Registered Agent signature required when reinstating) OA/E							
	Styrathor, typed or plate tarily of registered agest			Agent signature i		DATE /	50 (1) 40
12.	OFFICERS AND	DIRECTORS	13. 1.1 TI	ne T	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	PROFETA, SAMUEL	Lad Dittil	1.2 N/		والمتال والملي والمدني والمدر والمدر		— i
STREET ADDRESS	1341 STILLWATER DRIVE			REET ADORESS	8000 0 21 -05/02/	9701047	025
CHTY - ST - ZIP	MIAMI BEACH FL			TY-ST-ZIP	****1B	0.00 ****1	60.00 l
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NAME			3.2 N	reet address	•		
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STREET ADDRESS			4.3 S	REET ADDRESS			
CHY-ST-ZIP			4.4 C	TY-ST-ZiP			
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NAME			5.2 N				
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NAME STREET ADDRESS				TREET ADDRESS	* 4		
CHY-S1-ZIP				TY-ST-ZIP			
G11 - 5 - 20°					totad in Section 110 07(3)(i) Florida Statuta	a I further portifu their	the

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 attackment with an address.

SIGNATURE:

TYPED OR PRINTIO NAME OF SIGNING OFFICER OF DIRECTOR

1/23/97

Daytimo Phone #