FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -6 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V16180 (4)

1. Corporation Name
TECHNOLOGY PLUS, INC.

Principal Place of Business	Mailing Address
19501 N.E. 10TH AVENUE SUITE 200 NORTH MIAMI FL 33179	19501 NE. 10TH AVENUE BUILDING C, BAY C NORTH MIAMI FL 33179 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business	2a. Mailing Address
21 6157 N.W. 167 St.	26 6157 N.W. 167 St.
22 Suite F-12	27 Suite F-12
23 Miami, FL	28 Miami, FL
24 Zip 33015 25 Country Dade	29 Zip 33015 30 Country Dade

4. FEI Number: 65-0314659 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $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

SUESS, DALIA B.
19501 N.E. 10TH AVENUE
SUITE 200
NORTH MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name: Suess, Dalia B.
82 Street Address (P.O. Box Number is Not Acceptable): 6157 N.W. 167 St., Suite F-12
83
84 City: Miami, FL 85 Zip Code: 33015

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] DATE: 1-11-95
(NOTE: Registered Agent signature required and mandatory)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995
11 TITLE: D	☐ Change ☐ Add
12 NAME: SUESS, DALIA B.	
13 STREET ADDRESS: 19501 N.E. 10TH AVE., STE. 200	13 STREET ADDRESS: 6157 N.W. 167 St., Ste. F-12
14 CITY-ST-ZIP: NORTH MIAMI FL	14 CITY-ST-ZIP: Miami, FL 33015
21 TITLE	☐ Change ☐ Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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)(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 hereof or on an attachment with an asterisk.

SIGNATURE: [signature] 1/11/95 305-362-3600
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — DATE — Daytime Phone #

01H502 CP