

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V72077
1. Corporation Name
Tecnconsult USA, Inc.

Principal Place of Business
Miami, FL
Mailing Address
80 SW 8 Street
S-2000
Miami, FL 33130

2. Principal Place of Business
21 80 SW 8 Street
22 Suite, Apt. #, etc.
S-2000
23 City & State
Miami, FL
24 Zip
33130
25 Country
USA
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
10-19-92
3a. Date of Last Report
12-12-95
4. FEI Number
65-0363700
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

10. Name and Address of New Registered Agent

Elizabeth LaRocca, Esq.
80 SW 8 Street
S-2000
Miami, FL 33130

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 607.0509, Florida Statutes.

SIGNATURE: Elizabeth LaRocca

4-19-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE P/D NAME Rufe Guerraschi DELETE
STREET ADDRESS 80 SW 8 St, S-2000
CITY-ST-ZIP Miami, FL 33130
TITLE VP/D NAME Sergio Guerraschi DELETE
STREET ADDRESS 80 SW 8 St, S-2000
CITY-ST-ZIP Miami, FL 33130
TITLE S NAME Elizabeth LaRocca DELETE
STREET ADDRESS 80 SW 8 St, S-2000
CITY-ST-ZIP Miami, FL 33130
TITLE NAME DELETE
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME DELETE
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition
200001793952
-04/25/96--01018--041
***200.00
Change Addition
4-24-96

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 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: Elizabeth LaRocca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

(305)
371-2454
Date Daytime Phone #

CR2E034 (12/95)