

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

FILED

May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Norheim Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V 72077
1. Corporation Name
Tecniconsult USA, Inc.

Principal Place of Business 80 SW 8 Street S-2000 Miami FL 33130	Mailing Address 80 SW 8 Street S-2000 Miami, FL 33130
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2. Principal Place of Business 21 80 SW 8 St Suite, Apt. #, etc. 22 S-2000 City & State 23 Miami, FL Zip 24 33130	2a. Mailing Address 26 80 SW 8 St Suite, Apt. #, etc. 27 S-2000 City & State 28 Miami, FL Zip 29 33130 Country 30 USA
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3. Date Incorporated or Qualified 10-19-92	3a. Date of Last Report 4-19-96
4. FEI Number 65-0863700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Elizabeth LaRocca
80 SW 8 St, 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 607.0505, Florida Statutes.

SIGNATURE Elizabeth LaRocca

5-18-97

12. OFFICERS AND DIRECTORS	
TITLE P/D	Rafa Guerreschi <input type="checkbox"/> DELETE
NAME	80 SW 8 St, S-2000
STREET ADDRESS	Miami, FL 33130
CITY-ST-ZIP	
TITLE VP/D	Sergio Guerreschi <input type="checkbox"/> DELETE
NAME	80 SW 8 St, S-2000
STREET ADDRESS	Miami, FL 33130
CITY-ST-ZIP	
TITLE S	Elizabeth LaRocca <input type="checkbox"/> DELETE
NAME	80 SW 8 St, S-2000
STREET ADDRESS	Miami, FL 33130
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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-06/06/97--01002--029
***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

5-18-97 (305) 371-2454

CP2E034 (9/96)