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Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **550518** **(5)**

1. Corporation Name
ACCOUNTING SYSTEMS & TAXES INC.

Principal Place of Business	Mailing Address
12340 N.W. 30TH ST. SUNRISE FL 33323	12340 N.W. 30TH ST. SUNRISE FL 33323-1518

3. Date Incorporated or Qualified: **11/02/1977**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-1778270** ☐ 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

BETANCOURT, ORESTE D.
12340 N.W. 30TH ST.
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name: Carmen E Betancourt
82 Street Address (P.O. Box Number is Not Acceptable): 12340 NW 30th St
83
84 City: Sunrise **FL** 85 Zip Code: 33323

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: Carmen Betancourt — 01/11/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	Director ☒ Change ☐ Addition
NAME	BETANCOURT, ORESTE D.	1.2 NAME	BETANCOURT, ORESTE D
STREET ADDRESS	12340 N.W. 30TH ST.	1.3 STREET ADDRESS	12340 NW 30 ST
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Sunrise, FL 33323
TITLE	S ☐ DELETE	2.1 TITLE	Pres/Sec. ☒ Change ☐ Addition
NAME	BETANCOURT, CARMEN E	2.2 NAME	CARMEN E BETANCOURT
STREET ADDRESS	12340 N.W. 30TH ST	2.3 STREET ADDRESS	12340 NW 30 ST
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Sunrise, FL 33323
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 attachment with an address.

SIGNATURE: Carmen Betancourt — Carmen E Betancourt — JAN 11 1997 — 954792-8317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #