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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600004338 (7)

USYS, INC.

Principal Place		Mailing Address	•			
1840 NE 21ST CT NORTH MIAMI BEACH FL 33179		18440 NE 21ST CT NORTH MIAMI BEACH FL 33179:5024				
					Date Incorporated or Qualified 08/23/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address			4. FEI Number 65-0680703	Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	— ₁ '		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	28] 2(p)	Gountry	·····	Trust Fund Contribution 8. This corporation has liability for	
24	25	29	30		Florida Statutes	☐ Yes 💹 No
	9. Name and Address of Curren	Registered Agent		T No	10. Name and Address of New Re	egistered Agent
	NHAM, BRENDAN 40 NE 21ST CT		81	Namo		
	RTH MIAMI BEACH FL 33179		82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)
""		•	83			···
			84	City		85 Zip Code
A4 Durant to the section of Continue CO20000 and CO20000 Chairle Chairle					a la colta della c	FL
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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE						
	Signature, typod or printed name of registered ager		(NOTE Hogistered Ag	ent a gradure requi		DATE
12.	OFFICERS AND		13.	·	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME	GRAHAM, BRENDAN	L DELETE	111HTLE 12NAME			Change Addition
STREET ADDRESS	18440 NE 21ST CT			ADDRESS		į
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331	79	1.4 CITY-			
TITLE	D	DELETE	2 1 101LE			Change Addition
NAME	BALWAH, ALICIA 18440 NE 21ST CT		2.2 NAME			
STREET ADDRESS	NORTH MIAMI BEACH FL 3317	70	•	ADDRESS		
CITY-ST-ZIP TITLE	(MITTITE AND DESCRIPTION OF THE COLOR	☐ DELFTE	2 4 CHY-	S1 - ZIP		Change Addition
NAME			3,2 NAME			
STREET ADDRESS			3 3 S I R L E	ADDRESS		ĺ
GITY-ST-ZIP	- W		3.4. C/TY-	ST-ZIP		
TITLE		☐ DELEJE				L_ Change L_ Addition
NAME STREET ADDRESS			4 2 NAME	1 ADDRESS		
CITY-\$T-ZIP			4.4 CITY-			
TITLE		DECETE				Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	I ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY -	ST-ZIP		Change Addition
NAME		E.J Dettile	6.1 THTE 6.2 NAME			Change Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 City-:	ſ		

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 eath; 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.