

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

FILED

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
12340 N.W. 30TH ST.
SUNRISE FL 33323

Mailing Address
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		2a. Mailing Address		4. FEI Number 59-1778270		Applied For Not Applicable	
21 Suite, Apt #, etc		26 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24		29		30			

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 607.0503, Florida Statutes.

SIGNATURE *Carmen Betancourt* (NOTE: Registered Agent signature required when reinstating) DATE 01/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	Pres/Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 #

CR2E034 (9/96)