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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P97000034946 (8)

nclpal Place of Business	Mailing Address
5 S.W. BO AVE	16025 S.W. 80 AVE
MIAMI FL 33157	MIAMI FL 33157

**FILED** Jan 22 1998 8:00am Secretary of State

SUPER SYS U.S.A., INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1997 2. Principal Place of Business Mailing Address Applied For 15385 S. Dixie Hwy 65-0790708 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Mi AMi  $\Box$ 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible Yes ∏ No Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PEREZ, JOSE A IMENEZ, GIOVANNI 16025 S.W. 80 AVE 82 **MIAMI FL 33157** 83 84 City Zip Code 33157 85 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. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment of the corporation of SIGNATURE gnature required when reinstating) Signature, typ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE Addition TITLE JIMENEZ, GIOVANNI JIMENEZ, GROVANNI R 1.2 NAME NAME CR2E034 16025 S.W. 80 AVE 15385 S. Dixie Hwy, #4 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33157** MPAM: FL 33157 CITY-ST-ZIP 14 CITY - ST - ZIP DELETE Change 2.1 TITLE Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET APPRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE \_\_ Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 C/TY - ST - Z/P

14. I hereby certify that the information supplied with this filling 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 el himentee th an address.

1112/00 1200\N/E-3627