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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000008673

1. Corporation Name

NEXT GENERATION SYSTEMS, CORP.

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90071 017 \*\*\*155.00



Principal Place of Business Mailing Address				T I DRIZERA KIR I DISA KIRIF ERKIR BARIK ERKIR BEKUR BEKUR BIKAN IRKAN IRAPAR KIRI KARAN	
13211 SW 39 TERRACE MIAMI FL 33175		13211 SW 39 TERRACE MIAMI FL 33175			DO NOT WRITE IN THIS SPACE
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
					01/29/1993
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21	1000 0. 200400	26			65-0386246. Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23	28			_	Trust Fund Contribution Added to Fees
Zip			Countr	y	, 8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. XYes No
	9. Name and Address of Current	Registered Agent		<del></del>	10. Name and Address of New Registered Agent
			81	Name	
	DE LA GUARDIA, MARIO F			Street Ade	dress (P.O. Box Number is Not Acceptable)
1321	1 SW 39 TERRACE	82		Oli GOL ADI	araba (i .o. box riambor to rior riosoptable)
MIAI	MI FL 33175		83	3	
			84	City	FL 85 Zip Code
A Division of	to the provisions of Costions 607 0502	and 607 1509 Florida Statutes	the abov	/e-named col	moration submits this statement for the purpose of changing its registered
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  Stonature product projected name of recistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE					
assissed with purpostops			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		☐ Change ☐ Addition
	• - · -		1.2 NAME	,	·
NAME	DE LA GUARDIA, MARIO F				
STREET ADDRESS	10211 011 00 121111102			ET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	☐ DELETE	1.4 CITY	ST-ZIP	☐ Change ☐ Addition
TITLE	(VD	□ DELETE	2.1 TITLE	[	
NAME	DE LA GUARDIA, ESTHER I		2.2 NAME	ĺ	
STREET ADDRESS	13211 SW 39 TERRACE		2.3 STREE	ET ADDRESS .	والشيخ الماسيديين والمستقد فلأنهاض يوايا المتاسية التوايا
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STREET ADDRESS	]		3.3 STRE	ET ADDRESS	
ÇITY-ŞT-ZIP	Į		3.4. CITY-	ST-ZIP	
TITLE	DELETE 4.1 TI		4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	.	
STREET ADDRESS				ET ADDRESS	
ļ			4.4 CITY-		
CITY-ST-ZIP TITLE			5.1 TITLE		☐ Change ☐ Addition
			5.2 NAME	l l	,
NAME				ET ADDRESS	
STREET ADDRESS	1		5.4 CITY-		
CITY-ST-ZIP		. □ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		, DELETE			☐ Criange ☐ Addison
			6.2 NAME		
STREET ADDRESS	San San San		6.3 STRE	ET ADDRESS	
C/TY-ST-ZIP.			6.4 CITY-	ST-ZIP	

CITY-ST-ZIP. 14. I 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, with all other like empowered.

SIGNATURE: