

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

FILED

Mar 27 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 # 500897 (4)			
1. Corporation Name: SARBEY SYSTEMS CORP.			
Principal Place of Business 6073 NW 167 STREET C-16 MIAMI FL 33015 US		Mailing Address 6073 NW 167 ST C-16 MIAMI FL 33015-4330 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	
9. Name and Address of Current Registered Agent BUCKMAN, ROBERT 6073 NW 167 ST C-16 MIAMI FL 33015		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		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.			
SIGNATURE: [Signature] DATE: 3/20/97			
(NOTE: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD BUCKMAN, ROBERT 6073 NW 167 ST #C16 MIAMI, FL 00000		1.1 TITLE Change Addition	
1.2 NAME STD BUCKMAN, VICKI 6073 NW 167 ST #C16 MIAMI, FL 00000		1.2 NAME Change Addition	
1.3 STREET ADDRESS VP ELLIS, JAMES M. 6073 NW 167 ST #C16 MIAMI FL		1.3 STREET ADDRESS Change Addition	
1.4 CITY-ST-ZIP VP HECKER, JAY 6073 NW 167 ST C16 MIAMI FL		1.4 CITY-ST-ZIP Change Addition	
2.1 TITLE Change Addition		2.1 TITLE Change Addition	
2.2 NAME Change Addition		2.2 NAME Change Addition	
2.3 STREET ADDRESS Change Addition		2.3 STREET ADDRESS Change Addition	
2.4 CITY-ST-ZIP Change Addition		2.4 CITY-ST-ZIP Change Addition	
3.1 TITLE Change Addition		3.1 TITLE Change Addition	
3.2 NAME Change Addition		3.2 NAME Change Addition	
3.3 STREET ADDRESS Change Addition		3.3 STREET ADDRESS Change Addition	
3.4 CITY-ST-ZIP Change Addition		3.4 CITY-ST-ZIP Change Addition	
4.1 TITLE Change Addition		4.1 TITLE Change Addition	
4.2 NAME Change Addition		4.2 NAME Change Addition	
4.3 STREET ADDRESS Change Addition		4.3 STREET ADDRESS Change Addition	
4.4 CITY-ST-ZIP Change Addition		4.4 CITY-ST-ZIP Change Addition	
5.1 TITLE Change Addition		5.1 TITLE Change Addition	
5.2 NAME Change Addition		5.2 NAME Change Addition	
5.3 STREET ADDRESS Change Addition		5.3 STREET ADDRESS Change Addition	
5.4 CITY-ST-ZIP Change Addition		5.4 CITY-ST-ZIP Change Addition	
6.1 TITLE Change Addition		6.1 TITLE Change Addition	
6.2 NAME Change Addition		6.2 NAME Change Addition	
6.3 STREET ADDRESS Change Addition		6.3 STREET ADDRESS Change Addition	
6.4 CITY-ST-ZIP Change Addition		6.4 CITY-ST-ZIP Change Addition	
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: X ROBERT BUCKMAN		3/20/97 (305) 592-6800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)