

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F19936 (6)

1. Corporation Name

POLISYSTEMS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**13216 SW 86TH LANE
MIAMI FL 33183**

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MIAMI FL 33183**

3. Date Incorporated or Qualified

02/17/1981

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

21 12215 SW 129 COURT

2a. Mailing Address

26 15850 SW 106 TERR.

4. FEI Number

59-2080718

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

23 MIAMI, FL

City & State

28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip **24 FL 33186**

Country **25**

Zip **29 33196**

Country **30**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**NEWMAN, DAVID E., P.A.
5975 SUNSET DR
SUITE 301
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTS** ☐ DELETE
NAME **UGARTE, JOSE VINCENTE**
STREET ADDRESS **13216 SW 86TH LN.**
CITY-STATE-ZIP **MIAMI, FL 0**

TITLE **D** ☐ DELETE
NAME **UGARTE, JOSE VINCENTE**
STREET ADDRESS **13216 SW 86TH LN.**
CITY-STATE-ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **15850 SW 106 TERRACE**
1.3 STREET ADDRESS **MIAMI FL 33196**
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **15850 SW 106 TERRACE**
2.3 STREET ADDRESS **MIAMI FL 33196**
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jose V. UGARTE - PRESIDENT

6/18/96 (305) 2519148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (3/96)