SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997
DOCUMENT #
1. Corporation Name
POLISYSTEMS INTER



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 29 1997 8:00am Secretary of State

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12215 SW 129 COURT				15850 SW 106 T						
MIAMI FL 33186				MIAMI FL 33186	CHENCE					-
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ŀ							3. Date Incorporated or Qualifie	I	Date of Last I	•
2.	Principal Pi	ace of Busi	iness	2a. Mailing Addre	900		02/17/1981 4. FEI Number	U	6/25/199 <u>6</u>	
21				26	Dag		4. FEI Number Applied For Not Applicable			
	Sulte, Apt. #, etc.			Suite, Apt. #,	etc.			7		Additional
22			27			5. Certificate of Status Desired	V	•	Required	
	City & State	9 .		City & State			6. Election Campaign Financing		\$5.00	May Be
23		:		26			Trust Fund Contribution			to Fees
	Zip		Country	Zip	<u> </u>	Country	8. This corporation owes or has			
24		O Maria	25 and Address of Curre	29	3	0	Personal Property Tax due Ju			□ No
	AIPN			nt Hegistered Agent		81 Name	10. Name and Address of New	Registere	d Agent	
			VID E., P.A.			oi Name				
5975 SUNSET DR					82 Street Ac	ddress (P.O. Box Number is Not Accep	table)			
SUITE \$01 SOUTH MIAMI FL 33143					83					
	000	ATT MINAN	116 00170							
		1				84 City		F	85 Zip	Code
11.	Pursuant t	o the provis	sions of Sections 607.05	02 and 607.1508, Florid	la Statutes,	, the above-named co	orporation submits this statement for the ration's board of directors. I hereby ac	e purpose	of changing i	its registered
	office or re agent. I ar	egi ste red ag m fam iliar w	gent, or both, in the State lith, and accept the oblid	e of Florida. Such chang pations of, Section 607.0	ge was aut	thorized by the corpo	ration's board of directors. I hereby ac-	cept the ap	ppointment as	s registered
					JOOG, FIORIC	ua Statutes.				
SIG	NATURE								·	
	NATURE		d or printed name of registered ag	ent and title if applicable.		Registered Agent signature re	quired when roinstating)	DATE		
12.	NATURE		d or printed name of registered ag		(NOTE: F			DATE		
12.	INATURE	Signature types	d or printed name of registered ag	ent and title if applicable.	(NOTE: F	Registered Agent signature re	quired when roinstating)	DATE	ND DIRECTO	RS IN 12
12. TITU	INATURE	PTS UGARTE 15850 S	OFFICERS AN OFFICERS AN E, JOSE VINCENTE SW 108 TERRACE	ent and title if applicable.	(NOTE: F	Registered Agent signature re 13.	quired when roinstating)	DATE	ND DIRECTO	RS IN 12
12. TITU NAM STRE	E E	Signature, types PTS UGARTE	OFFICERS AN OFFICERS AN E, JOSE VINCENTE SW 108 TERRACE	ent and title if applicable.	(NOTE: F	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	quired when roinstating)	DATE	ND DIRECTO	RS IN 12
12. TITU NAM STRE	E E ET ADDRESS -ST-ZIP	PTS UGARTE 15850 S MIAMI F	OFFICERS AN OFFICERS AN E, JOSE VINCENTE SW 108 TERRACE	ent and title if applicable.	(NOTE: F	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when roinstating)	DATE	ND DIRECTO	RS IN 12
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4. 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 controllation of the receiver of fruster amounted 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 province attachment with an address.

-1. 1.