

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # F94000005318 (0)

1. Corporation Name
SYSECA, INC.

Principal Place of Business
4553 GLENCOE AVE., #100
MARINA DEL REY CA 90292

Mailing Address
4553 GLENCOE AVE., #100
MARINA DEL REY CA 90292-7901

3. Date Incorporated or Qualified 10/13/1994	3a. Date of Last Report 10/15/1996
4. FEI Number 54-1471069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE
NAME POURZANJANI, KAMRAN
STREET ADDRESS 4553 GLENCOE AVE., #100
CITY-ST-ZIP MARINA DEL REY CA 90292

TITLE V ☐ DELETE
NAME TWEDDLE, WILLIAM
STREET ADDRESS 4553 GLENCOE AVE., #100
CITY-ST-ZIP MARINA DEL REY CA 90292

TITLE D ☐ DELETE
NAME VEROT, RENE
STREET ADDRESS 4553 GLENCOE AVE., #100
CITY-ST-ZIP MARINA DEL REY CA 90292

TITLE T ☐ DELETE
NAME OBREIN, DANIEL
STREET ADDRESS 99 CANAL CTR., PLAZA #450
CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE P ☐ DELETE
NAME TARTAVULL, PHILIPPE
STREET ADDRESS 4553 GLENCOE AVE., #100
CITY-ST-ZIP MARINA DE REY CA 90292

TITLE SV ☐ DELETE
NAME FERNANDO-SANTANA, ALAIN
STREET ADDRESS 4553 GLENCOE AVE., #100
CITY-ST-ZIP MARINA DE REY CA 90292

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

CR2E034 (9/96)