FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H82954** **(9)**

1. Corporation Name

MIAMI CORPORATE SYSTEMS, INC.

Principal Place of Business

5200 BLUE LAGOON DR., STE. 700
5200 BLUE LAGOON DR. STE 700
MIAMI FL 33126
US

Mailing Address

5200 BLUE LAGOON DR., STE. 700
5200 BLUE LAGOON DR. STE 700
MIAMI FL 33126
US

3. Date Incorporated or Qualified: 10/29/1985

3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-2778466 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

RASCO & REININGER, PA
5200 BLUE LAGOON DR.
SUITE 700
MIAMI FL 33126

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 name is changed) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RASCO, RAMON E.	
STREET ADDRESS	5200 BLUE LAGOON DR #700	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	☐ DELETE
NAME	REININGER, STEVEN R.	
STREET ADDRESS	5200 BLUE LAGOON DR #700	
CITY-ST-ZIP	MIAMI FL	
TITLE	~~VP~~	☒ DELETE
NAME	~~DANNREISSER, LYNN M.~~	
STREET ADDRESS	~~5200 BLUE LAGOON DR. #700~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	AVP	☐ DELETE
NAME	SANTOVENIA, THERESA E	
STREET ADDRESS	5200 BLUE LAGOON DR #700	
CITY-ST-ZIP	MIAMI FL	
TITLE	AVP	☐ DELETE
NAME	PEREZ, LUIS A.	
STREET ADDRESS	5200 BLUE LAGOON DR #700	
CITY-ST-ZIP	MIAMI FL	
TITLE	~~AVP~~	☒ DELETE
NAME	~~FERNANDEZ, NICOLAS~~	
STREET ADDRESS	~~5200 BLUE LAGOON DR #700~~	
CITY-ST-ZIP	~~MIAMI FL~~	

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on attachment with an address.

SIGNATURE: _____ 4/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ramon E. Rasco

CR2E034 (12/95)