## 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 # H83241

(0)

SIERRA SYSTEMS, INC.

Principal Place of Business 29 S.E. 20TH AVENUE POMPANO BCH. FL 33060		Mailing Address 29 S.E. 20TH AVENUE POMPANO BCH. FL 33060-7544			
:				3. Date Incorporated or Qualit	fied 3a. Date of Last Report 05/01/1996
2. Principal Place of B	usinoss	2a. Mailing Address		4, FEI Number	Applied For
Sulte, Apt. #, etc.		26		59-2604610	Not Applicable  \$8.75 Additional
22]		27		5. Certificate of Status Desired	Fee Required
. Div b oldie		City & State		6. Election Campaign Financia	
23		[28]	T	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability     Florida Statutes	y for intangible tax under s. 199.032,  Yes No
9, Na	me and Address of Current			10. Name and Address of Ne	
DECKER, TH			81 Namo		
29 S.E. 20T	1 AVE.		82 Street Add	dress (P.O. Box Number is Not Acco	eptable)
POMPANO BCH. FL 33080		L. J.			
			83		
			84 City		FL 85 Zip Code
11. Pursuant to the pro	visions of Sections 607.0502	and 607.1508, Florida St	atules, the above-named co	rooration submits this statement for	the purpose of changing its registered
<ul> <li>office or registered</li> </ul>	agent, or both, in the State of with, and accept the obligat	if Florida. Such change v	ras authorized by the corpora	ation's board of directors. I hereby a	accept the appointment as registered
SIGNATURE	The fact the state of the state	and on, bookier borrood	Tromb equation		
Signature, t	ped or printed name of registered agent		(NOTE: Registered Agent signature requ		DATE
12.	OFFICERS AND	DIRECTORS	13, 1.1 TILE	ADDITIONS/CHANGES TO C	DFFICERS AND DIRECTORS IN 12  Change Addition
	ER, IAN N.	L_J OLITE	1.2 NAME		Change Anomor
	N.E. 27TH TERR.		1.3 STREET ADDRESS		
	HOUSE POINT FL		1.4 CHY-S1-ZIP		
TITLE VST		DELETE			Change Addition
	er, thomas J.		2.2 NAME		
	S. OCEAN BLVD. #14D		2.3 STREET ADDRESS		
	ano BCH. FL		2. # CITY - \$1 - ZIP		
TITLE		L) DELETE			Change  Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 GITY-\$1-ZIP 4.1 TITLE	Market and the state of the sta	Change Addition
NAME		Fig. Section	4. 2 NAME		Unungo (Lugaritori)
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		DELETE			Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
				·	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS		DETETE			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 logal 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, if on a callad himony will an address.