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

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an

CITY-ST-ZIP

FILED PROFIT Mar 30 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name J03071 (4) OES SYSTEMS, INC. Principal Place of Business Mailing Address % YORAM KATZ % YORAM KATZ 10057 S.W. 120TH ST. 10057 S.W. 120TH GT DO NOT WRITE IN THIS SPACE MIAMI FL 33176 MIAMI FL 33176 3. Date Incorporated or Qualified 03/03/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 12927 SW 103 12927 SW 103 PL 59-2659040 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be FL MIAMI MIAMI 23 28 Trust Fund Contribution Added to Fees 31176 OCDE Country 8. This corporation owes or has paid the current year Intangible DADE 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KATZ, YORAM 10057 S.W. 128TH 8T. 12927 SW 103 PL 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33176 63 Zip Code 11. Pursuant to the provisions of Soctions 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 registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE YOULE, JOHN NAME 1.2 NAME 1302 MADISON DR. 1.3 STREET ADDRESS STREET ADDRESS **BUFFALO GROVE IL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE KATZ, YORAM 2.2 NAME NAME 10057 S.W. 126TH ST. 12927 SW 103 PL STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TOLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

3/22/98

201-254612)

14. I 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 eath; that I am an officer or director of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

address