

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 # **J84080 (7)**

1. Corporation Name
MICROSISTEMAS, INC.



Principal Place of Business
**801 BRICKELL AVENUE
SUITE 1401
MIAMI FL 33131
US**

Mailing Address
**801 BRICKELL AVENUE
SUITE 1401
MIAMI FL 33131
US**

3. Date Incorporated or Qualified **07/23/1987** 3a. Date of Last Report **07/03/1995**

2. Principal Place of Business
21 **5201 Blue Lagoon Drive**

2a. Mailing Address
26 **5201 Blue Lagoon Drive**

4. FEI Number **59-2826949** Applied For
Not Applicable

22 **Suite 100**

27 **Suite 100**

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

23 **Miami, Florida**

28 **Miami, Florida**

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

24 **33126** 25 Country 29 **33126** 30 Country

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

9. Name and Address of Current Registered Agent

**SKOLA, THOMAS J.
801 BRICKELL AVE., 14 FLOOR
MIAMI FL 33131**

81 Name **SKOLA, THOMAS J.**

82 Street Address (P.O. Box Number is Not Acceptable) **5201 Blue Lagoon Drive**

83 **Suite 100**

84 City **Miami** FL 85 Zip Code **33126**

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of signing officer or director

Signature typed or printed name of new registered agent

DATE **1/30/96**

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SKOLA, THOMAS J.	
STREET ADDRESS	801 BRICKELL AVE., 14 FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CAMOGLI, ROBERTO CARLOS	
STREET ADDRESS	7442 S.W. 48TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SKOLA, THOMAS J.	
1.3 STREET ADDRESS	5201 Blue Lagoon Drive, Suite 100	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an attachment with an address.

SIGNATURE: *Thomas J. Skola*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)