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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # K21970

(4)

ACCORD SYSTEMS, INC.

FILED Apr 29 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 10705 SW 132ND AVENUE 10705 SW 132ND AVENUE MIAMI FL 33186-3466										
							3. Date Incorporated or Qualified 04/27/1988		eate of Last F /01/1996	
2. Principal Place of Busin			ling Address				4. FEI Number			pplied For
	12159 5w 133 4.7 26 Suite, Apt #, etc.			4600	<u>e</u>				tot Applicable	
	IOI A						5- Certificate of Status Desired			Additional Recuired
City & State		., 1	/ & State	,			6. Election Campaign Financing		\$5.00) May Be
20 . 4.04. 14. 1	lorida	28					Trust Fund Contribution			to Fees
Zip 24 33186	Country 25 U. SA	Zip			untry		8. This corporation has liability for	intangible] Yes		s. 199.032,
	and Address of Current	29 t Registere	d Agent	30	T-		Florida Statutes 10. Name and Address of New Re			
BURAGLIA, VI		9			81	Name		×		
10705 SW 13					82	Stract Ada	dress (P.O. Box Number is Not Acceptat	ala)	·····	
MIAMI FL 331					02	Street Auc	aress (F.O. Box Number is Not Acceptat	ne)		
					83					
					84	City			85 Zip	Code
							rporation submits this statement for the p	<u>FL</u>		
agent Tam familiar w SIGNATURE	ith, and accept the obligatory printed name of registered ager	itions of, Sec	ction 607,0505	, Florida Sta NOTE Register	ed Age	s. '	ation's board of directors. I hereby acce	DATE		
12.	OFFICERS AND	DIRECTOR		13,		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE PD	JA, VICENTE		DELETE		TITLE				Change	Addition
	W 132ND AVENUE			1	NAME STREET	ADDRESS				
CITY-ST-7IP MIAMI F					CITY-S					
TILLE D			DELETE		TITLE	11-211			Change	Addition
NAME BURAGL	JA, INES E.			2.2	NAME					
1 1	w 132ND Avenue			2.3	STREET	ADDRESS				
CITY-ST-ZIP MIAMI F				2. 4	CITY-	ST-ZIP				
TITLE			DELETE		TITLE				Change	☐ Addition
NAME					NAME					
STREET ADDRESS						ADDRESS				
City-SI-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE		CITY-: TITLE	ST-ZIP			Change	Addition
NAME			m nerelt		NAME	- 1			-1 AlianAa	- Addition
SIREFT ADDRESS						ADDRESS				
CITY-ST-ZIP			i	1	CITY-S					
TITLE			DELETE		TITLE				Change	Addition
NAME				5.2	NAME					
STREET ADORESS				5.3	STREET	ADDRESS				
C/TY+ST-Z/P				5.4	CITY-S	1 - ZIP				
TITLE			DELETE		TITLE				Change	Addition
NAMÉ				6.2	NAME	<u> </u>				
STREET ADDRESS				6.3	STREET	ADDRESS				
CITY - ST - ZIP					CITY - 5					
14 Ldo heroby portity the	at the information supplies	Luito thie fil	and door not o	unlify for th	0 000	motion state	od in Section 119 07/3Vi). Florida Statute	e I furthe	er certify the	the.

4. 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 directory five 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 of chapter 607 in the receiver of the corporation or the receiver or trustee and that my name.

SIGNATURE:

OF BIGNING OFFICER OR DIRECTOR

22/97 (305)256-299

Daytime Phone #

ZEU34 (9/96)