FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # L3427 SIS MICRO SYSTEMS, INC	`	1)				ÎÊN BARK BIRN 1881
Principal Place	of Ruciones	Mailing Address				8 (18 BIB) BIB) BIB) BIB) BIB	
Principal Place of Business Mailing Address C/O MARIA ISABEL VAZOUEZ 4161 SW 140 COURT 4161 SW 140 COURT MIAMI FL 33175 MIAMI FL 33175							
Military 1 E 44	,,,,,	WILLIAM 15 CO.	•		3. Date Incorporated or Qualified	3a. Date of Last	
O Directed Die		l On Malling Addres			12/04/1989 4. FEI Number	05/01/1	
z. Principai Pia	ace of Business	2a. Mailing Addre	55		65-0321990	 -	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #,	etc.		Certificate of Status Desired	\$8.7	75 Additional
2		27			5. Certificate of Status Desired	Fe	e Required
City & State		City & State			6. Election Campaign Financing	1 1	00 May Be
3	Country	28			Trust Fund Contribution	AUC	ded to Fees
Zip 4	Country 25	Zip 29	30	ontry	8. This corporation has liability for Florida Statutes Yes	intangible tax undar	s 199.032,
<u>*1</u>	9. Name and Address of Currer		[30]	T	10. Name and Address of New F		
				81 Name			
VAZQUI	ez, maria isabel			82 Street Address (P.O. Box Number is Not Acceptable)			
	4161 SW 140 COURT			GI/OST/IOSI	Ireas (1.0. Dox Harrison is Not Accoptable)		
	FL 33175			83			
				84 City		 85	Zip Code
				′		FL	•
or registers	ed agent, or both, in the State of Flori	da. Such change was a	uthorized by the	ove-named corpora corporation's boar	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of changing it: ointment as register	s registered office ed agent, I am
familiar wit	th, and accept the obligations of, Sect	ion 607.0505, Florida S	statutes.				
SIGNATURE _	Signature, typed or printed name of registered agent	and fitte if andicable	NOTE Banistare	Agent signature required	when reinstation.	DATE	
12.		D DIRECTORS	13.	3 Figure 1 Square 1	ADDITIONS/CHANGES TO OFF		TORS IN 12
TILE	PD	DELE	TE 1. 1 1	IITLE		☐ Change	e 🔲 Addition
IAME	VAZQUEZ, MARIA ISABEL		1.2 N	AME			
STREET ADDRESS	4161 SW 140 COURT		1.3 S	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			ITY-ST-ZIP			
TITLE		☐ DELE	•			Change	e 🔲 Addition
AME			2.2 N	· -			
STREET ADORESS				TREET ADDRESS			
HTLE		□ DELE		DTY-ST-ZIP		Change	e
IAME			3.2 N				
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				ITY-ST-ZIP			
ITLE		☐ DELE				Change	e 🔲 Addition
NAME			4.2 N	AME			
STREET ADDRESS			4.3 S	TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			P3
ITLE		☐ DELE				☐ Change	e 🔲 Addition
IAME			5.2 N	i i			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP TOLE		☐ DELE		ITY-ST-ZIP		[**] Chang	e
NAME :		لي بادد	62 N	1		பன்ற	· L Addition
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				STY-ST-ZIP			
14. I do hereb	y certify that the information supplied	with this filing is volunta	rily furnished and	does not qualify for	or the exemption stated in Section 119	.07(3)(k), Florida Sta	tutes. I further
certify that oath; that	the information indicated on this anni	ual report or supplemer pration or the receiver o	ital annual report r truatae empowe	is true and accura	te and that my signature shall have the s report as required by Chapter 607, F	e same legal effect as	s if made unde

SIGNATURE: _:

Maria Isabel Varquez 4/14/96 (315) 559-9.245