FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L60967** **(1)**

1. Corporation Name
SL SYSTEMS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
C/O ALLISON W. MILLER 150 W FLAGLER ST., 2200 MUSEUM TOWER MIAMI FL 33156 US	C/O ALLISON W. MILLER 150 W FLAGLER ST., 2200 MUSEUM TOWER MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1990
3a. Date of Last Report: 07/18/1994

2. Principal Place of Business
21: 1750 E. SUNRISE Blvd
22: Suite, Apt. #, etc.:
23: City & State: FT Lauderdale FL
24: Zip: 33304
25: Country: USA

2a. Mailing Address
26: 1750 E. SUNRISE Blvd
27: Suite, Apt. #, etc.: F
28: City & State: FT. Lauderdale FL
29: Zip: 33304
30: Country: USA

4. FEI Number: 65-0188902 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

MILLER ALLISON
150 WEST FLAGER STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: SUSIE LEVAN
82 Street Address (P.O. Box Number is Not Acceptable): 1750 E. SUNRISE Blvd.
83:
84 City: FT Lauderdale FL 85 Zip Code: 33304

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 607.0505, Florida Statutes.

SIGNATURE: X _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVAN, SUSAN	1.2 NAME	
STREET ADDRESS	1750 E. SUNRISE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 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 any attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0127140 CP