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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUL -8 AM 8:14

DOCUMENT # **L66339** **(7)**

1. Corporation Name

PAUL DAVIS SYSTEMS OF GREATER MIAMI, INC.

Principal Place of Business	Mailing Address
9719 S. DIXIE HWY #15 MIAMI FL 33156	9719 S. DIXIE HWY #15 MIAMI FL 33156

2. Principal Place of Business
21 7240 SW 39 TERR
22 Suite, Apt. #, etc.
23 City & State: MIAMI FL
24 Zip: 33155 25 County

2a. Mailing Address
26 7240 SW 39 TERR
27 Suite, Apt. # etc.
28 City & State: MI FL
29 Zip: 33155 30 County

3. Date Incorporated or Qualified: **04/18/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0187589** ☐ 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

~~FINVER, STUART~~
~~9719 S DIXIE HWY~~
~~#15~~
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent

81 Name: RAUL POPRITKIN
82 Street Address (P.O. Box Number is Not Acceptable): 7240 SW 39 TERRACE
83
84 City: MIAMI FL 85 Zip Code: 33155

11. Pursuant to the provisions of Section 607.1505 or 617.1505, 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 607.325, Florida Statutes.

SIGNATURE: X [signature] 2/9/96
(Signature of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	~~FINVER, STUART~~	
STREET ADDRESS	~~9719 S DIXIE HWY., #15~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	D	☐ DELETE
NAME	POPRITKIN, MARCO RAUL	
STREET ADDRESS	9717 S DIXIE HWY., #15	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	PRES.	☑ Change ☐ Addition
22 NAME	MARCOS RAUL POPRITKIN	
23 STREET ADDRESS	7240 SW 39 Ter.	
24 CITY-ST-ZIP	MIAMI FL 33155	
31 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
32 NAME	RALPH VELOCCI	
33 STREET ADDRESS	7240 SW 39 Ter.	
34 CITY-ST-ZIP	MIAMI FL 33155	
41 TITLE	SEC/TREAS	☐ Change ☑ Addition
42 NAME	ROSA POPRITKIN	
43 STREET ADDRESS	7240 SW 39 Ter.	
44 CITY-ST-ZIP	MIAMI FL 33155	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, 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 report or supplemental 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 added to the report with my address.

SIGNATURE: X [signature] See Krems 2/9/96 305 260 0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)