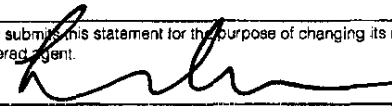


FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90025 032 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000021441 1. Entity Name IAFIS NORTH AMERICA CORPORATION			
Principal Place of Business C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021		Mailing Address C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021	
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900 City & State AVENTURA, FL Zip 33180 Country USA		3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900 City & State AVENTURA, FL Zip 33180 Country USA	
4. FEI Number 24-0047831		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name SAME - Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave Suite 900 City AVENTURA, FL Zip Code 33180	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  LEONARDO A. ROTH 2/10/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME LENQUETTE, LAURENT STREET ADDRESS 3440 HOLLYWOOD BLVD., STE. 360 CITY - ST - ZIP HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
TITLE NAME VSD STREET ADDRESS 3440 HOLLYWOOD BLVD., STE. 360 CITY - ST - ZIP HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
12. I 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 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  LAURENT LENQUETTE 2/25/04 305716 0167 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

14000019



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