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 MAY -1 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042207 (9)**

1. Corporation Name
THE SYSTEM INTEGRATION GROUP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
9555 N. KENDALL DR. SUITE 206 MIAMI FL 33176	9555 N. KENDALL DR. SUITE 206 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1993
3a. Date of Last Report: 05/01/1994

*2. Principal Place of Business	2a. Mailing Address
21 4100 Aurora street	26 4100 Aurora street
Suite, Apt. #, etc. 22 Suite C	Suite, Apt. #, etc. 27 Suite C
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip / Country 24 33146 / 25 US	Zip / Country 29 33146 / 30 US

4. FEI Number: 65-0439183 ☐ 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	10. Name and Address of New Registered Agent
WOODS, PAUL B 12131 SW 131 AVENUE MIAMI FL 33186	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (81) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	V	☒ Change ☐ Addition
NAME	RUIZ, ARMANDO	12 NAME	Ruiz, Armando	
STREET ADDRESS	9555 N KENDALL DR, #20	13 STREET ADDRESS	4100 Aurora street Suite C	
CITY-ST-ZIP	MIAMI FL	14 CITY ST ZIP	Coral Gables, FL 33146	
TITLE	VSD	21 TITLE	VSD	☒ Change ☐ Addition
NAME	ZOBERG, STEVEN	22 NAME	Zoberg, Steven	
STREET ADDRESS	9555 N. KENDALL DR., SUITE 206	23 STREET ADDRESS	4100 Aurora street Suite C	
CITY-ST-ZIP	MIAMI FL 33176	24 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	PD	31 TITLE	PD	☒ Change ☐ Addition
NAME	MEDINA, ANDREW	32 NAME	Medina, Andrew	
STREET ADDRESS	9555 N KENDALL DR	33 STREET ADDRESS	4100 Aurora street Suite C	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Coral Gables, FL 33146	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 an attachment with an address.

SIGNATURE: _____ 1/31/95 305-446-9229
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0193414 CR