## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

STE . 422

2121 PONCE DE LEON BLVD.

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2121 PONCE DE LEON BLVD.

STE 422



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

0184375

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000046148 (1)

MICRO IDENTIFICATION SYSTEMS, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2. Principal Place of Business   2. Mailing Address   3. FEI Number   Applied   Not Applied   22   Solito, Apt. # , rito.   23   Solito, Apt. # , rito.   27   Solito   Cry & State   Solito, Apt. # , rito.   28   Solito   Cry & State   Solito, Apt. # , rito.   28   Solito   Cry & State   Solito, Apt. # , rito.   28   Solito   Cry & State   Sol	CORAL GABLES FL 33134 US		CORAL GABLES FL 33134- US	CORAL GABLES FL 33134-5221 US			4	3. Date incorporated or Qualified   3a, Date of Last Report   06/30/1993   02/02/1996			
Suito: Apt #. etc.   Suito:	2. Principal P	lace of Business	2a. Mailing Address						1 7-7	<del></del>	plied For
City & State  Ci	21		26	26				65-0421918			ot Applicable
City & State   City & Country   Zity   Country   Zity   Country   Zity   Country   City	<del></del>	#, etc.						Cortificate of Status Desired		<b>+</b> + ·	
Zip Country Zip Country 8. The fund Contribution	22		27	27			5.	Celtinoate of Status Desired		Fee Re	aquired
Zup	<del></del> '	e	City & State				6.	Election Campaign Financing	<b></b>		•
25				T			+				·····
SANCHEZ, LUIS R 2842 SW 141ST CT MAMIFE STORES AND DESCRICES AND DESCRIC	<del></del> -		'	<del></del>	ntry		8.				. 199 032,
SANCHEZ, LUIS R 2842 SW 141ST CT MMAMI FL 33175	24			30							
2842 SW 141ST CT MAMI FL 33175  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Street Address (P.O. Box Number is Not Acceptable)  86 87 88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable (P.O. Box Number is Number	CAN	<del></del>	It registered Agent	<del></del>	81	Name	10.	Name and Address of their tre	Note: or	Mgont	<i></i>
MAMI FL 33175    4				.							,=====================================
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits his statement for the currose of changing its regis office or registered agent, or both, in the State of Florida Statutes, the above named corporation submits his statement for the currose of changing its regis office or registered agent, or both, in the State of Florida Statutes, the above named corporation submits his statement for the currose of changing its regis office or registered agent, or both, in the State of Florida Statutes, the above named corporation submits his statement for the currose of changing its regis office or registered agent, or both, in the State of Florida Statutes, the above named corporation submits his statement for the currose of changing its regis office or registered agent, or both, in the State of Florida Statutes, the above named corporation submits his statement for the currose of changing its regis office or registered agent, or both, in the State of Florida Statutes, the above named corporation submits his statement for the currose of changing its regis office of Florida Statutes, the above named corporation submits based of directors. I hereby accept the appointment as regist agent ag				\ \	82	Street Address (P.O. Box Number is Not Acceptable)					
11. Pursuant to the provisions of Sections CO7 CSO2 and 607 1508. Florida Statutes, the above named corporation submits his statement for the purpose of changing its regis office or registered agent, or both, in the State of Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as regist agent a maintain with, and accept the obligations of Section 607 0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TILLE  CP  OUROS, BERNAL  7801 OLD CUTLER RD  CORAL GABLES FL  14 OFFICERS AND DIRECTORS  13 STREET ADDRESS  CITY-ST-2P  DIVES  SANCHEZ, LUIS R.  22 HAME  SANCHEZ, LUIS R.  22 HAME  SANCHEZ, LUIS R.  22 HAME  32 SANCHEZ, LUIS R.  22 HAME  32 SANCHEZ, LUIS R.  244 SW 141 ST CT  DELETE  DELETE  STREET ADDRESS  CITY-ST-2P  DILETE  DELETE  STREET ADDRESS  CITY-ST-2P  CHARGES  STREET ADDRESS  CITY-ST-2P  CHARGES  CITY-ST-2P  DELETE  STREET ADDRESS  CITY-ST-2P  CHARGES  CH	MAN	MI FL 331/5		-	83		-	.,,,,,,,,			
The provisions of Sections 607 CXC2 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 regist agent than territion with, and accept the obligations of Socion 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS IN 1  TITLE  COP  OURDS, BERNAL  7601 OLD CUTTLER RD  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  13. STREET ADDRESS  CITY ST. ZP  OURDS, BERNAL  7601 OLD CUTTLER RD  13. STREET ADDRESS  CITY ST. ZP  DYTS  DELETE  21. TITLE  DYTS  DELETE  21. TITLE  DYTS  DELETE  21. TITLE  Change  76  Change  77  Change  78  THE  DELETE  31. STREET ADDRESS  CITY ST. ZP  THE  DELETE  31. STREET ADDRESS  CITY ST. ZP  THE  DELETE  31. STREET ADDRESS  34. CITY ST. ZP  THE  DELETE  31. STREET ADDRESS  34. CITY ST. ZP  THE  DELETE  31. TITLE  Change  77  Change  78  CHANGE  32. STREET ADDRESS  34. CITY ST. ZP  THE  DELETE  31. TITLE  Change  78  CHANGE  33. STREET ADDRESS  34. CITY ST. ZP  THE  DELETE  31. TITLE  Change  79  Change  70  Change  70  Change  70  Change  71  Change  71  Change  72  Change  74  Change  75  CHY ST. ZP  THE  CHANGESS  CHY											
11. Parsuant to fine provisions of Sections 607 ESD2 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its regination of the provision of specific or engine of the provision of specific provision of the state of Florida Statutes.    Statute   Statute   Statutes   Sta				[7	84	City				<b>85</b> Zip	Code
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 regist agent I and familiar with change objects and social properties. Socion 607 5055, Florida Statutes.  SIGNATURE  12.	44 Pursuant	to the provisions of Sections 607 050	12 and 607 1508. Florida Statut	tec the ah	L	-named cor	rnoratio	in submits this statement for the r		f changing i	te registered
SIGNATURE	office of r	registered agent, or both, in the State	e of Florida, Such change was a	authorized	j by	the corpora	ation's k	poard of directors. I hereby accer	or pose of	ointment as	registered
Separate special per per per	agent † a	um familiar with, and accept the oblig	jations of, Section 607,0505, Flo	orida Statu	utes.						•
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CITY-ST-ZIP 6.4 CITY-ST-ZIP											
	STREET ADDRESS					1					
14 I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 179.07(3)(1), Florida Statutes, Figure certify that the		ļ						2 440 07/0\0\ F(-34) 0\-1.	1.6 Jahra		
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 oall 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 off an attachment with an address	informatic	on indicated on this annual report or :	supplemental annual report is t	true and a	<b>ICCUI</b>	irate and tha	at my si	onature shall have the same lega	d effect <b>a</b> s	s if made un	ider oath: tha