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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90001 046 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000046148**

MICRO IDENTIFICATION SYSTEMS, INC.

					-	OB SOLOBOUR DIRECT DESIGNATION CONTRACT	DIORI IDII KEDI
Principal Place	e of Business	Mailing Address					
		2121 PONCE DE LEON BI			· ·		
STE 422 CORAL GABLES FL 33134		CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualifed			
					06/30/1993		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	App	plied For
21		26			65-0421918	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				□ \$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the currer		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Currer				10. Name and Address of New Re	gistered Agent	
/-	IOUET LUID D	Barrier Barrier	81	Name		,	
SANCHEZ, LUIS R 2842-SW 141ST CT		\$4.72%	82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
							
MIAN	MI FL 33175	·, ·	83		1 整理机器 10 10 10 10 10 10 10 10 10 10 10 10 10		
<u> </u>		•	84	City	The control of the second of t	85 Zip C	ode
	و المحاجب المح	and the second second	. [1	. *	<u> </u>		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the above	e-named corpo	pration submits this statement for the pr	urpose of changing its	registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	ations of Section 607.0505, Flo	orida Statutes.	. Corporation	n's board of directors. I hereby accept	the appointment as reg	giotoroo
	* 1	3 %					
SIGNATURE	•	•					
SIGNATURE	Signature, typed or printed name of registered age			t signature required	when reinstating) $\chi^{1/2} = 2 \pi i \chi$	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	t signature required	when reinstating) ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	
	OFFICERS AN		13. 1.1 TITLE	t signature required			RS IN 12
12.	OFFICERS AN COP QUIROS, BERNAL	ND DIRECTORS	13.	t signature required		CERS AND DIRECTO	
12.	OFFICERS AN CDP QUIROS, BERNAL 7601 OLD CUTLER RD	ND DIRECTORS	13. 1.1 TITLE			CERS AND DIRECTO	
12. TITLE NAME	OFFICERS AN CDP QUIROS, BERNAL 7601 OLD CUTLER RD CORAL GABLES FL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADORESS		CERS AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS	CDP QUIROS, BERNAL 7601 OLD CUTLER RD CORAL GABLES FL DVTS	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADORESS		CERS AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN CDP QUIROS, BERNAL 7601 OLD CUTLER RD CORAL GABLES FL DVTS SANCHEZ, LUIS R.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADORESS		CERS AND DIRECTO	☐ Addition
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14. 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 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 rustee 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 attackment with an address, with all other like empowered.

6.4 CITY-ST-Z/P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP