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

**PROFIT CORPORATION** ANNUAL REPORT

1998

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Sulte, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047104 (3)

MEGA SYSTEMS OF MIAMI, INC.

Country

9. Name and Address of Current Registered Agent

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AMADOR, ORLANDO 4210 S.W. 137TH PLACE

**MIAMI FL 33175** 

S.W. 137TH PLACE 4210 S.W. 137TH PLACE MIAMI FL 33175 MIAMI FL 33175

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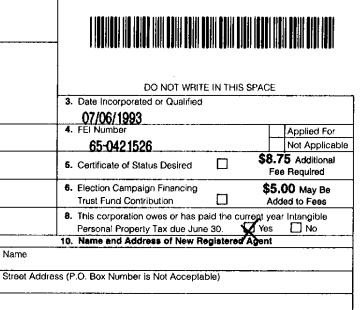
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Suite, Apt. #, etc.

City & State

Zip

## **FILED** Jan 29 1998 8:00am Secretary of State



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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PD Change Addition 1.1 TITLE AMADOR, ORLANDO NAME 1.2 NAME 4210 S.W. 137TH PLACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33175 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETÉ 21 TITLE Change Addition TITLE AMADOR, LIDIA NAME 2.2 NAME 4210 S.W. 137TH PLACE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33176** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE Change ☐ Addition 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

Country

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Name

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14. Thereby 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 you 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 mastee errobwered 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

01-20-58

225-6329