

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

pg. 10/2

97 SEP -9 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000012067 (2)**  
 1. Corporation Name  
**HBR SYSTEMS, INC.**



Principal Place of Business <b>3600 SO STATE ROAD 7 SUITE 215 MIRAMAR FL 33023</b>	Mailing Address <b>3600 SO STATE ROAD 7 SUITE 215 MIRAMAR FL 33023</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/09/1994</b>	3a. Date of Last Report <b>09/26/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0549730</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent <b>RIESCO, ROBERTO F 3600 SO STATE ROAD 7 SUITE 215 MIRAMAR FL 33023</b>				10. Name and Address of New Registered Agent	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIESCO, ROBERTO</b>	1.2 NAME	<b>4000002291084--4</b>
STREET ADDRESS	<b>6300 SW 25 STREET</b>	1.3 STREET ADDRESS	<b>-09/11/97--01123--006</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEVERMANN, KENNETH W</b>	2.2 NAME	
STREET ADDRESS	<b>5207 SW 91ST AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*A. Alan*  
9/9/97

14. I do 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 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.

CR2E034 (4/97)

*did not receive...*

Ag. 2072

**HBR SYSTEMS, INC.**  
3600 S. STATE RD. 7, SUITE 2'5  
MIRAMAR-FLORIDA 33023  
PHONE:(954) 985-0691

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August 15, 1997

Division of Corporations  
Annual Reports Section  
P.O.Box 1500  
Tallahassee, Florida 32302

RE: Annual report 1997  
P94000012067

Dear Sir/Mom:

As of today I received a 2nd notice of corporate annual report with a filing fees in the amount of \$550.00.

However I call my accountant and according to his information, he file the 1st notice annual report in April 17, 1997. (see attached copy of check and annual report hereunto).

I call today to the corporate division and per Mr. Shawn information he toll me that I have to send a second check using the original signature of the second notice and a brief letter explained the situation.

I shall deeply appreciate all your kindness in this important matter to me.  
if further information is needed, please feel free to contact the undersigned at your earlier convenience.

Cordially,

HBR SYSTEMS, INC.



ROBERTO RIESCO  
President

RR/ib