FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000018663 (2)**

1. Corporation Name
MICROSIDE CORP.

Principal Place of Business	Mailing Address
6075 NW 82 AVE MIAMI FL 33166 US	6075 NW 82 AVE MIAMI FL 33166-3420 US

3. Date Incorporated or Qualified: **03/10/1994**
3a. Date of Last Report: **04/23/1996**

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

4. FEI Number: **65-0474419** ☐ 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

GRANT, ROBERT E
~~**130 ISLAND DRIVE**~~
~~**KEY BISCAYNE FL 33149**~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8961 SW 124TH STREET
83
84 City: MIAMI **FL** 85 Zip Code: 33176

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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (Required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: D NAME: GRANT, ROBERT E STREET ADDRESS: ~~130 ISLAND DR~~ CITY-ST-ZIP: ~~KEY BISCAYNE FL 33149~~	☐ DELETE	11 TITLE: PRESIDENT/TREASURER 12 NAME: 13 STREET ADDRESS: 8961 SW 124TH STREET 14 CITY-ST-ZIP: MIAMI FLORIDA, 33176	☐ Change	☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	21 TITLE: VICE-PRESIDENT/SECRETARY 22 NAME: MARGARIDA A. GRANT 23 STREET ADDRESS: 8961 SW 124TH STREET 24 CITY-ST-ZIP: MIAMI FL, 33176	☐ Change	☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	31 TITLE: 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:	☐ Change	☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	41 TITLE: 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:	☐ Change	☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:	☐ Change	☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	☐ Change	☐ Addition

CR2E034 (9/96)

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 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 added by an attachment with an address.

SIGNATURE: Margarida A. Grant 3/18/97 SYS-0973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #