

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000023821 (9)

1. Corporation Name

INFORMATION ENGINEERING OF MIAMI, INC.

Principal Place of Business

Mailing Address

19642 N.W. 82ND PLACE
MIAMI FL 33015

19642 N.W. 82ND PLACE
MIAMI FL 33015



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 9301 SW 7TH STREET		26 9301 SW 7TH STREET		03/29/1994		03/03/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0476888		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 PEMBROKE PINES FL		28 PEMBROKE PINES FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.03?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
24 33025		29 33025		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOMEZ, CLAUDIA M 19642 N.W. 82ND PLACE MIAMI FL 33015				81 Name GOMEZ, CLAUDIA M			
				82 Street Address (P.O. Box Number is Not Acceptable) 9301 SW 7TH STREET			
				83			
				84 City PEMBROKE PINES FL 85 Zip Code 33025			
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's signature required when reinstating.)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GOMEZ, CLAUDIA M	1.2 NAME	GOMEZ, CLAUDIA
STREET ADDRESS	19642 N.W. 82ND PLACE	1.3 STREET ADDRESS	9301 SW 7TH ST
CITY - ST - ZIP	MIAMI FL 33015	1.4 CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE	VD	2.1 TITLE	VD
NAME	GOMEZ, PABLO	2.2 NAME	PABLO GOMEZ
STREET ADDRESS	19642 N.W. 82ND PLACE	2.3 STREET ADDRESS	9301 SW 7TH ST
CITY - ST - ZIP	MIAMI FL 33015	2.4 CITY - ST - ZIP	PEMBROKE PINES FL 33025
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PABLO GOMEZ VP

6/10/96

(954) 431-0866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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