FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DIVI

DOCUMENT # P94000028267 (0)
1. Corporation Name

	STRAT	regic ti	ELESYSTEMS, INC.									
Principal Place of Business 20533 BISCAYNE BLVD. #4-133				Mailing Address 20533 BISCAYNE BLVD. #4-133			-{	1 0.9 163 0.0 14 0 11	J oo Poplo 14	JIO 01(1) 1691 1891		
AVENTURA FL 33180				AVENTURA FL 33180				3. Date Incorporated or Qualified	3a. Date	of Last F	Report	
2. Principal Place of Business								04/13/1994	0	5/23/19) 95	
21				2a. Mailing Address				4. FEI Number			Applied For	
=:	Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0484634			Not Applicable	
22				27				5. Certificate of Status Desired			5 Additional Required	
23	City & State	9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City & State				Election Campaign Financing Trust Fund Contribution		\$5.0)0 May Be	
	Ζφ	ip Country		Zip Cou			 /		8. This corporation has liability for	intanoible ta		ed to Fees
24		25		29		30				∏ No	Conder 8	199.002,
	9. Name and Address of Curre			ıt Registered Agent					10. Name and Address of New F	egistered /	gent	
						81	Nam	е				
MARLOWE, RONALD J						82	Stree	et Addres	ss (P.O. Box Number is Not Acceptab	le)		
2601 S. BAYSHORE DRIVE 19TH FLOOR MIAMI FL 33133							ļ					
						83						
	MINIMI I	L 33133				84	City			P-1	85 Zi	ip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the or registered agent, or both, in the State of Florida, Such change was authorized by familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 							l named oration	corporat 's board	ion submits this statement for the pur of directors. Thereby accept the appe	pose of cha pintment as	ngirig its registered	registered office d agent. I am
SIC	SNATURE	.,	y v vio oongoviorio oi, decide	71 007.0303, Florida (otatutes.							
		Stgi-alure, typic	For pricted name of registered agent a		(NOTE: Registered	Agen	it signatur	e required w	rhen reinstating)	DATE		
12		r — <u> </u>	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	DRS IN 12
TITL		D		☐ DELE	1.1 T	TL E				Ë] Change	Addition
NAM			, JASON		12 N	NAME						
	EET ADDRESS		S.W. 15TH STREET		135	REET	EET ADDRESS					
TITE	r-ST-ZIP F	PEMDI	ROKE PINES FL 33025	[] DELE			- ST - ZIF					
NAN				רון טבנב						L.] Change	Addition
	EFT ADDRESS				2 ? N/		ADDRESS					
	1-ST-ZIP						ADORESS	,				
TITL				DELF		2.4 CITY-ST-ZIP 3 1 TITLE) Change	☐ Addition
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	r-ST-ZIP				3.4 Ci	Y-SI	T - ZIP					
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NAM					4.2 NA	ME						
	EET ADDRESS				4.3 ST	REET.	ADDRESS					
	-ST-ZIP			E) NU	4.4 CF		T-7IP					
NAME			☐ DETEIE		•	5 1 TITLE					Change	☐ Addition
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	-ST-ZIP						ADDRESS					
TITU			**************************************	[] DELE	54 Cri TE 6 1 Tr		I · ZIP	+		·	Change	T Addition
NAM				_ 5.22	62 NA					L	Change	Addition
	ET ADDRESS						ADDRESS	1				
	-ST-7IP				6401							
		certify that	the information supplied wi	th this filing is volunta	rily furnished and o	loes	not a	alify for t	the exemption stated in Section 119.0	17/3\/k\ Elori	da Stalut	oc I further

certify that the information indicated on this annual report or suppliciental annual report is true and accurate and that my signature shall have the same logal 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 attacking my man address.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/29/96

305-932-2984