FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000028749 (7)**

1. Corporation Name

MICROVELL INFORMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~1460 N.W. 107TH AVE.~~ ~~SUITE N~~ ~~MIAMI FL 33172~~	~~1460 N.W. 107TH AVE.~~ ~~SUITE N~~ ~~MIAMI FL 33172~~

3. Date Incorporated or Qualified: 04/14/1994	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0492099	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3721 S.W. 87 Avenue	26 3721 S.W. 87 Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State: Miami, FL
24 Zip: 33165-4309 25 Country: Dade	29 Zip: 33165-4309 30 Country: Dade

9. Name and Address of Current Registered Agent

JIMENEZ, FRANK D
~~1460 N.W. 107TH AVE.~~
~~SUITE N~~
~~MIAMI FL 33172~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3721 S.W. 87 Avenue

83

84 City: Miami **FL** 85 Zip Code: 33165-4309

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required before mailing/filing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	JIMENEZ, ELAINE		12 NAME		
STREET ADDRESS	~~1460 N.W. 107 AVE., SUITE N~~		13 STREET ADDRESS	3721 S.W. 87 Avenue	
CITY-ST-ZIP	~~MIAMI FL 33172~~		14 CITY-ST-ZIP	Miami, FL 33165-4309	
TITLE	DS	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	JIMENEZ, FRANK D		22 NAME		
STREET ADDRESS	~~1460 N.W. 107 AVE., SUITE N~~		23 STREET ADDRESS	3721 S.W. 87 Avenue	
CITY-ST-ZIP	~~MIAMI FL 33172~~		24 CITY-ST-ZIP	Miami, FL 33165-4309	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Elaine Jimenez — Elaine Jimenez — 4/22/96 — (305)261-6604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #