FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028749 (7)

MICROVELL INFORMATION SYSTEMS, INC.

FILED May 02 1997 8:00am Secretary of State



Principal Place of Business 8721 SW 67 AVE SUITE N MIAMI FL 33165-4309 US		Mailing Address 3721 SW 87 AVE SUITE N MIAMI FL 33165-4309	3721 SW 87 AVE SUITE N						
		US				3. Date Incorporated or Qualified 04/14/1994	3a. Date of Last Report 04/25/1996		
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				4. FEI Number 65-0492099		— 	pplied For ot Applicable
Suite, Apt. #, etc.		Surte, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	7 ip	30	nlry] Yes 👢	X No	199 032
	9. Name and Address of Curre	nt Registered Agent		T.T		10. Name and Address of New Re	gistered /	\gent	
	NEZ, FRANK D			81	Name				i
3721 SUIT	SW 87 AVE E N			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		
MIAIM	AI FL 33165			83					,
			ļ	84	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered at	gent and little l'applicable (NC ND DIRECTORS	Tt. Registered	d Ager		column submits this state from the pion's board of directors. I hereby acce	DATE	DIRECTO	
NAME STREET ADDRESS CITY-ST-ZIP	DP JIMENEZ, ELAINE 3721 SW 87 AVE MIAMI FL	□ DELETE		AME	ADDRESS .			Change	L. Agovion
TITLE NAME STREET ADDRESS	DS JIMENEZ, FRANK D 3721 SW 87 AVE MIAMI FL	DELETE		AME IREEL <i>I</i>	ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MINIM I C	DELFTE	3.1 Tv 3.2 NA 3.3 S1	AME	ADDRESS		and public Annihilation - Total University	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4 1 1h 4 2 N 4.3 Si	TLE IAME TREET	ADDRESS		- A Admidde URAN B	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	5.1 TI 5.2 N 5.3 S	AME TREET	ADDHESS			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	6.1 TI 6.2 N	AME	1-ZIP ADDRESS			Change	Addition
CITY-ST-ZIP	by certify that the information suppli	ed with this filing does not qua	alify for the	ily-si exe	mption stated	d in Section 119.07(3)(i), Florida Statut t my signature shall have the same log	es. I furthe	r certify tha	it the

corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name if changed, or on an attachment with an address I am an officer or directo appears in Block 12 or B