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 # **P94000031461 (4)**

1. Corporation Name

M.E.M. SYSTEMS AND DESIGN, INC.

Principal Place of Business	Mailing Address
2307 DOUGLAS RD. SUITE 302 MIAMI FL 33145	2307 DOUGLAS RD. SUITE 302 MIAMI FL 33145

2. Principal Place of Business	2a. Mailing Address
21 13912 S.W. 91 Terr.	26 13912 S.W. 91 TERR.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33186 / 25 USA	Zip / Country 29 33186 / 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
04/22/1994	05/01/1995

4. FEI Number: 65-0487996 ☐ 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

ORTEGA, ROBERT A
2307 DOUGLAS RD.
SUITE 302
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: ALEX FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 9056 N.W. 116 STREET
83
84 City: HIALEAH GARDENS FL 85 Zip Code: 33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: Alex Fernandez ALEX FERNANDEZ 5-1-96
Signature of registered agent if changing registered agent — Type or print name of registered agent — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MONTEFUSCO, ANGEL R 10617 HAMMOCKS BLVD. MIAMI FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 13912 S.W. 91 TERR. MIAMI, FL 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HERNANDEZ, MARIA A 10617 HAMMOCKS BLVD. MIAMI FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 13912 S.W. 91 TERR. MIAMI, FL 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Montefusco, Angel Montefusco 5-1-96/305.388.7817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)