Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90086 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000038944

1. Corporation Name

H24 SYS	STEM, INC.							
Principal Place	of Business	Mailing Address			(BBI)		E	
7020 N.W. 50TH ST. MIAMI FL 33166 US		7020 N.W. 50TH ST. MIAMI FL 33166 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
					05/24/1994			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	App	lied For		
21		26		65-0493408	Not	Applicable	i	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		į	
22 City & State		27 City & State		6. Election Campaign Financing	\$5.00		Ī	
23		28		Trust Fund Contribution Added to Fees				
Zip Country		Zip Country		,	8. This corporation owes the current year Intangible Personal Property Tax Yes No			
24	25	29 30)]		Personal Property Tax. 10. Name and Address of New Regi			l
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Keyl	Stered Agent		l
SOUZA, SERGIO C			Ľ.					
7020 N.W. 50TH ST.				Street Addre	ress (P.O. Box Number is Not Acceptable)			İ
MIAMI FL 33166			83					l
			84		· · · · · · · · · · · · · · · · · · ·			l
				City		FL 85 Zip C	ode	ł
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	it Florida. Such change was auth	iorizea by	tne corporatio	oration submits this statement for the pur on's board of directors. I hereby accept th	pose of changing its r e appointment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature required	when reinstating)	DATE		ó
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICE			Š
TITLE	PT	☐ DELETE 1.1 π				☐ Change	Addition	1
NAME	SOUZA, SERGIO C		1.2 NAME					\ <u>}</u>
STREET ADDRESS	7020 N.W. 50TH ST.			TADDRESS				L
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-5	ST-ZIP		Change	Addition	1 2
TITLE	VS	☐ DELETE	2.1 TITLE				Land 1 to a to 1	
NAME	ZANINETTI, ALTINA M 7020 N.W. 50TH ST.		2.2 NAME 2.3 STREET ADDRESS					ľ
STREET ADDRESS	MIAMI FL	and the same of	2.4 CITY-	!	- -	* •		l
CITY-ST-ZIP TITLE	MIMIMIFE	□ DELETE	3.1 TITLE	\$1-ZIP	···	☐ Change	Addition	l
NAME			3.2 NAME					
STREET ADDRESS	_			T ADDRESS				
CITY-ST-ZIP	•		3,4, CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	{
NAME			4. 2 NAME	:				1
STREET ADDRESS			4.3 STREE	T ADDRESS	·			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				1
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					1
STREET ADDRESS	<u>'</u>	1	5.3 STREE	T ADDRESS				1

14. I hereby certify that the information supplied with this filing 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 or attachment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

Addition