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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000070345 (1)
1. Corporation Name
INFOVALUE ENGINEERING SYSTEMS CORPORATION



Principal Place of Business
12000 BISCAYNE BLVD.
SUITE 702
MIAMI FL 33181

Mailing Address
12000 BISCAYNE BLVD.
SUITE 702
MIAMI FL 33181-2727

3. Date Incorporated or Qualified 09/23/1994
3a. Date of Last Report 03/07/1996

2. Principal Place of Business
21 225 S.W. SECOND AVENUE
Suite, Apt. #, etc.
22
City & State
23 Homestead, Florida
Zip Country
24 33030 25 U.S.A.

2a. Mailing Address
26 225 S.W. SECOND AVENUE
Suite, Apt. #, etc.
27
City & State
28 Homestead, Florida
Zip Country
29 33030 30 U.S.A.

4. FEI Number 65-0552640
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
SHUKRIE, NISSAN
3510 N.E. 167TH ST.
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PC	SHUKRIE, NISSAN		
STREET ADDRESS	3510 N.E. 167TH STREET NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33160	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	V. NISSAN D. LAMBERT
NAME		2.2 NAME	5128 MIDWAY ROAD
STREET ADDRESS		2.3 STREET ADDRESS	Bloomfield Hills, Michigan 48302
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	V
NAME		3.2 NAME	Angelo N. CIVALEG
STREET ADDRESS		3.3 STREET ADDRESS	20360 Westbrook Parkway
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Southfield, Michigan 48076
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: *Nissan Shukrie* Mar. 19 1997 (305) 246-3203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)