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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUKRIE, NISSAN	1.2 NAME	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V. NISSAN D. LAMBERT
STREET ADDRESS		2.3 STREET ADDRESS	5128 MIDWAY ROAD
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Bloomfield Hills, Michigan 48302
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)