Mar 04, 1999 8:00 am

Secretary of State

03-04-1999 90247 014 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500006703

1. Corporation Name

	SYSTEMS USA, INC.	Mailing Address			
Principal Place		Mailing Address			
1857 N.E. 186 STREET NORTH MIAMI BEACH FL 33179		1857 N.E. 186 STREET NORTH MIAMI BEACH FL 33179			DO NOT WRITE IN THIS SPACE
ļ !					Date Incorporated or Qualifed 01/25/1995
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			APPLIED FOR 65-0871296 Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. Yes No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
2000	DIONEZ CHDICTIAN C		3	Name	
RODRIGUEZ, CHRISTIAN G			8	32 Street Add	dress (P.O. Box Number is Not Acceptable)
1857 N.E. 186 STREET			_		
NORTH MIAMI BEACH FL 33179			8	13	· · · · · · · · · · · · · · · · · · ·
				34 City	FL 85 Zip Code
office or re agent. I an	egistered agent, or both, in the St n temiliar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607.050 <u>5,</u> Fl	utes, the abo authorized to lorida Statut	by the corporations.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Single drawe of registered				red when reinstating) DATE
12.	<i>an</i>	S AND DIRECTORS 13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE		=	☐ Change ☐ Addition
NAME RODRIGUEZ, CHRISTIAN G 1.2			1.2 NAM	E	.4
I company to a section of			1 2 emp	EET ADDDESS	

STREET ADDRES 180/ N.E. 180 SIMEET NORTH MIAMI BEACH FL 33179 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Vρ Addition 2.1 TITLE TITLE ROCHEBOIS, ELIANE B 1857 NE 186 STREET NORTH MINMI BEACH, FL 33179 CHEBOIS, ELAINE R 2.2 NAME NAME 1857 N.E. 186 STREET 2.3 STREET ADDRESS STREET ADDRESS **NORTH MIAMI BEACH FL 33179** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 on an attachme address, with all other like empowered

SIGNATURE:

STREET ADDRESS