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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOCOSTOR (8)

OSI SYSTEM INTEGRATORS, INC. Incipal Place of Business INV 57TH AVE. SUITE 405 INI FL 33126 A. MIAM FL 33169-8548					
				3. Date Incorporated or Qualified	
Oringinal D	lace of Business	2a. Mailing Address		01/23/1995 4. FEI Number	09/25/1996
ппофагт	iave di biganicas	26 815 NW 6	oth Aus	65-0554611	Applied For Not Applicab
Suite, Apt	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
		27 SUTE 405	·	5. Certificate of Status Desired	Fee Required
City & State	e ·	City & State	Florica	Election Campaign Financing	\$5.00 May Be
	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
177	25	L	Country 30 USA ·	Florida Statutes	Yes Mo
	9, Name and Address of Curr			10. Name and Address of New F	
PEF	REZ, JOSE T		81 Name		
	00 NW 2 AVE #104		82 Street Add	dress (P.O. Box Number is Not Accept	able)
NO	MIAMI FL 33169				
			83		
			84 City		85 Zip Code
D. rem wast	to the executaions of Captions 607.0	502 and 607 1509 Florida Stabile	on the above named cor	rooration submite this statement for the	FL 65 Zip Code
office or r	registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	authorized by the corpora orida Statutes.	poration submits this statement for the ation's board of directors. I hereby acc	ept the appointment as registered
ayun, Ta		-			
	Signature, typed or profiled name of registered		E Registered Agent signature requ	uired when reinstating)	DATE
	OFFICERS A	AND DIRECTORS	E Registered Agent signature requ	uired when reinstating)	ICERS AND DIRECTORS IN 12
	OFFICERS A		E: Registered Agent signature required. 13. 1.1 TITLE	uired when reinstating)	
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SIGNATURE:

SIGNATURE AND TYPO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

May 09 1997 8:00am

Secretary of State