

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

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Apr 21 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 # P95000007025 (6)

1. Corporation Name
GRAVITON SYSTEMS, INC.

Principal Place of Business
2640 BAYSHORE DRIVE
COCONUT GROVE FL 33133

Mailing Address
2640 BAYSHORE DRIVE
COCONUT GROVE FL 33133-5424



3. Date Incorporated or Qualified 01/23/1995
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0599318
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

2. Principal Place of Business
21 676 N.W. N. RIVER DR.
Suite, Apt. #, etc.

2a. Mailing Address
26 676 N.W. N. RIVER DR.
Suite, Apt. #, etc.

22 City & State
23 MIAMI, FLORIDA

27 City & State
28 MIAMI, FLORIDA

24 33136
25 U.S.A.

29 33136
30 U.S.A.

9. Name and Address of Current Registered Agent

LOPEZ, ROBERTO
2640 BAYSHORE DRIVE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name ROBERTO LOPEZ
82 Street Address (P.O. Box Number is Not Acceptable) 676 N.W. NORTH RIVER DRIVE
83
84 City MIAMI FL 85 Zip Code 33136

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 *Roberto Lopez* ROBERTO LOPEZ 04-15-1997
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	0	<input checked="" type="checkbox"/> DELETE
NAME	MCCOVADONGA, LOPEZ	
STREET ADDRESS	2640 BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	0	<input checked="" type="checkbox"/> DELETE
NAME	ROCIO, LARIO	
STREET ADDRESS	2640 BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PARTNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	M. COVADONGA, LOPEZ	
1.3 STREET ADDRESS	676 N.W. North River Drive	
1.4 CITY-ST-ZIP	MIAMI, FL. 33136	
2.1 TITLE	PARTNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROCIO, LARIO	
2.3 STREET ADDRESS	676 N.W. North River Drive	
2.4 CITY-ST-ZIP	MIAMI, FL. 33136	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Roberto Lopez* ROBERTO, LOPEZ 04-15-1997 (305) 415-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)