

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

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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000011894 (9)

1. Corporation Name
SYMBIOTIC SYSTEMS INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1100 S. PONCE DE LEON SUITE 3 ST. AUGUSTINE, FLORIDA 32086 US	Mailing Address 16106 OPAL CREEK DR. SUITE 1 WESTON, FLORIDA 33331 US
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2. Principal Place of Business 21 1100 S. Ponce De Leon Suite, Apt. #, etc. 22 3 City & State 23 St. Augustine, Florida Zip 24 32086 Country 25 US	2a. Mailing Address 26 16106 Opal Creek Dr. Suite, Apt. #, etc. 27 City & State 28 Weston, Florida Zip 29 33331 Country 30 US
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3. Date Incorporated or Qualified 02/10/1995	4. FEI Number 59-3292831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Additional Fee Required \$8.75 5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent GARRY R. SPEAR, ESQ. 16106 OPAL CREEK DR. SUITE 1 WESTON, FLORIDA 33331	10. Name and Address of New Registered Agent 81 Name Garry R. Spear, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 5455 N. Federal Highway 83 Suite I 84 City Boca Raton FL 85 Zip Code 33487
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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 Garry R. Spear Garry R. Spear, Esq. DATE 4-24-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 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 attachment with an address.

SIGNATURE: Felipe Gonzalez Felipe Gonzalez, President 4/27/98

CR2E034 (10/97)