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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050892 (5)

SYSTRONICS DEPOT, INC.

Principal Place of Business Mailing Address

3012 NW 79 AVE.
MIAMI FL 33122 MIAMI FL 33122

## FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 06/29/1995

z. Principal P	face of Business	2a. M	Za. Mailing Address				4. FEI Number	Ar	optied For 1	
21		26	26				65-0599123	No	t Applicable	
Suite, Apt.	#, etc.	St	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired	
City & State			City & State				6. Election Campaign Financing	\$5.00	May Bo	
23			28				Trust Fund Contribution	Added t		
Zip	Country		Zip Coun			8. This corporation owes or has paid the current year Intangible			angible	
24	25 29 30						Personal Property Tax due June 30. 🖳 Yes 🔲 No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
VILLAFANA, CELIA					N	ame				
3012 NW 79 AVE.					C P	reet Addres	ss (P.O. Box Number is Not Acceptable)			
MIAMI FL 33122					82 Street Address (P.O. Box Number is Not Acceptable)					
					63					
				84						
				84	Ci	ity	FL İ	85 Zip (	Jode	
11. Pursuant to the provisions at Sections 607 0502 and 607 1508. Florida Statutes, the above-parted corporation submits this statement for the purpose of changing its									s 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE										
12.	OFFIC	ERS AND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	S IN 12	
TITLE	DΡ		☐ DELETE		1.1 TITLE			Change	☐ Addition	
NAME	VILLENA, EULOGIO			1.2 NAME						
STREET ADDRESS	2945 SW 11 TERR.			1.3 STREET	T ADDF	RESS				
CITY-ST-ZIP	DAVIE FL 33328		1.4 C(TY- S	1.4 CATY - ST - ZAP				ļ		
TITLE	DS	☐ DELETE		2.1 TITLE	2.1 TITLE		· [	Change	☐ Addition	
NAME	VILLAFANA, CELIA			2.2 NAME		1			f	
STREET ADDRESS	2945 SW 111 TERR.			2.3 STREET	r adds	RESS				
CITY-ST-ZIP	DAVIE FL 33328		2. 4 CITY -	2. 4 CITY-ST-ZIP						
TITLE	DT		DELETE	3.1 TITLE				Change	Addition	
NAME	ESTRADA, MARTA E			3.2 NAME		İ				
STREET ADDRESS	2945 SW 111 TERR.			3.3 STREET	r addf	RESS				
CITY - ST - ZIP	DAVIE FL 33328			3.4. CITY - 9	ST-ZIF	>				
TITLE			☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADOF	RESS				
CITY-ST-ZIP				4.4 CITY-S	ST-ZIP					
TITLE			DELETE	5.1 TITLE				Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDR	IESS				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					
TITLE			DELETE	6.1 TITLE				Change	Addition	
NAME				6.2 NAME		-				
STREET ADDRESS				6.3 STREET	ADDR	ESS			·	
CITY - ST - ZIP				6.4 CITY - S	T-ZIP					
14. I hereby o	ertify that the information sup	plied with this filing	does not qualify for	the exemp	tion	stated in Se	ection 119.07(3)(i), Florida Statutes, I further certify shall have the same legal effect as if made under	that the	information	

14. I hereby certify that the information supplied with this filing does not quality 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: Celia Gille LARE RECEPA WILLAFAD

1/27/98 (305)593-0859