FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 4-10-96 B- 3568 C

DOCUMENT # P95000052558 (0)

1. Corporation Name

COMMSYS, INC.

Principal Place of Business	Mailing Address
3095 N.W. 77TH AVENUE SUITE 201 MIAMI FL 33122	3095 N.W. 77TH AVENUE SUITE 201 MIAMI FL 33122

3. Date Incorporated or Qualified: 07/07/1995

3a. Date of Last Report:

4. FEI Number: 65/0601840 ☐ 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	2a. Mailing Address
21 1985 NW 88 COURT	26 1985 NW 88 COURT
22 Suite, Apt. #, etc. SUITE # 102	27 Suite, Apt. #, etc. SUITE # 102
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33172 25 Country USA	29 Zip 33172 30 Country USA

9. Name and Address of Current Registered Agent

MARTINEZ, JOSE I
13545 S.W. 99TH ST.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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: Signature, typed or printed name, of registered agent and title, if applicable — (NOTE: Registered Agent signature required when changing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GARCIA, JOSE L		12 NAME	
STREET ADDRESS	EDIF. PARAMACON PH-3 DON BOSCO ALTAMIRA SU		13 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VENEZUELA		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MATUREN, MIGUEL A		22 NAME	
STREET ADDRESS	AVB QTA. CAROL CAURIMARE		23 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VENEZUELA		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: MIGUEL MATUREN 3/13/96 (305)994.9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)