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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS "

DOCUMENT # P95-0000 80 394

1. Corporation Name

J Morgan Systems USA, Inc.

Principal Place of Business

6971 N Federal Huy Same

Boca Rafon Fl 33487

FILED	
May 06 1998 8:00an	ľ
Secretary of State	



BOCA KATON PE 3390			3. Date incorporated or Qualified	SILI 997		
2. Principal Place of Business	al Place of Business 2a. Mailing Address		4, FEI Number	Applied For		
21	26		65-06-27435	Not Applicar		
Suite, Apt. #, etc. Suite, Apt. #, etc.			\$8.75 Additional			
22	27		5. Certificate of Status Desired	Fee Required		
City & State		6. Election Campaign Financing	\$5.00 May Be			
23	28		Trust Fund Contribution	Added to Fees		
Zip Country	Zip	Country	8. This corporation has liability for			
25 25		30		Yes 🔀 No		
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
Dela Pena, Villanueva, + BA	JAN das CCP	81 Name	AMES G. Mullin			
		82 Street Ad	Idress (P.O. Box Number is Not Acceptal	ole) ,/		
Distriction of the second of t						
MiAmi FL 33	171	83				
, il	, , ,	84 City 2		(85) Zip Code		
Alka + GA/190		84 City Bo	CA KATON	FL 3343/		
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes A Flarida, Such change was au	s, the above-named co thorized by the corpor	progration submits this statement for the progration's board of directors. I hereby acce-	ourpose of changing its registered of the appointment as registered		
office or registered agent or both, in the State agent. I am femiliar with, and accept the object	tions of Section 607.0505, Flori	da Statutes.	1/ :			
SIGNATURE	· 1/4			4.51.98		
Signature, typed or printed name of registered agen		Registered Agent signature reg		DATE		
TILE D OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition		
1		1.1 TITLE		Change Auditi		
STREET ADDRESS 40 697/ N Feder	1 Huy # 200	1.2 NAME				
STREET ADDRESS 40 697/ N Feder	771107	1.3 STREET ADDRESS				
CITY-SI-ZIP BOCA RAFON F-C	33491	1.4 CITY - ST - ZIP		D Oraco		
ITTLE D	☐ DELETÉ	2.1 TITLE		Change L Additic		
STREET ADDRESS 40 6971 N FEDER CITY-ST-ZIP BOLA RAPON FL	1 Huy # 300	2.2 NAME				
STREET ADDRESS 90 6971 N FEDER	-1/27	2.3 STREET ADDRESS				
CITY-ST-ZIP BOCA RAYON PE	3348/	2.4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE		Change Additic		
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP		——————————————————————————————————————		
THLE	DELETE	4.1 TITLE		Change Addition		
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP	T octore	4.4 CITY - ST - ZIP				
TITLE	L. DELETE	5.1 TITLE		∐ Change ☐ Additic		
NAME		52 NAME				
STREET ADDRESS		5.3 STREET ADDRESS		\(\lambda\) \(\lambda\)		
City-ST-ZIP		5.4 CITY - ST - ZIP				
TITLE	☐ DELETE	6 : TITLE	4000002512	Change Addition		
NAME		6.2 NAME	400002513 -05/06/9801095-	nng		
STREET ADDRESS		6.3 STREET ADDRESS	***150.00	0.00		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	****IOU.UU			

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; the amain 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.