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

1997

DOCUMENT # P95000092274 (6)

KNIGHT MICROSYSTEMS, INC.

FILED May 05 1997 8:00am Secretary of State

Principal Place 9495 NW 12TH SECOND FLOO	Street A	82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 15 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in the obligations of. Section 607.0505, Florida Statutes. 10 CERS AND DIRECTORS 11 S. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 SAME 12 NAME 13 Change Addition					
2. Principal Pi	lace of Business NW 2 Street	2a. Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4, FEI Number		
Suite, April		Suite, Apt. #, etc.					5 Additional
City & State	٠ - ا				6. Election Campaign Financing	\$5.0	<u>-</u>
23 / \ (ami Horida Country		Coulo	try			
24. 331		}—n '	<u> </u>		Florida Statutes	¥Yes □ No	rs. 199.032,
	9. Name and Address of Current	Registered Agent		-1 -1	10. Name and Address of New Re	gistered Agent	
	ES, LESTER G		ľ				
	5 LEJEUNE ROAD GABLES INTERNAITONAL PLZ.		[6	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
	AL GABLES FL 33134		1	13			
			1	I4 City		B5 Z	ip Code
						FL	
agent. La SIGNATURE	rn familiar with, and accept the obligat	ions of Section 607,0505, F	Te: Registered	tes.	ired when reinstating)	DATE	
12.	OFFICERS AND		_		ADDITIONS/CHANGES TO OFFIC		
NAME STREET ADDRESS CITY-ST-ZIF	BUTT, JOHN J 8035 S.W. 107TH AVNUE NO. 2 MIAMI FL 33173		1.2 NA 1.3 STI	NE EET ADDRESS		والمال المال	, radillo
TITLE	STD	DELETE	2 1 111	E		Chang	e Addition
NAME	Green, Lorn a III 6092 S.W. 27th St.						
STREET ADDRESS	MIAMI FL 33155		1	ì			
CITY-61-ZIP		DELETE				Chang	je Additior
NAME)			
\$1REET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP		Driete				[] Chan	no I Addition
TITLE NAME		["] Dereit	4.1 THE	1		E CHRIK	JO CONTROL
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIF				-ST-ZIP			
TITLE		☐ DELETE	5.1 T (TL			Chang	ge Addition
NAME			5.2 NAN	l (
STHEET ADDRESS				ET ADDRESS			
CITY-ST-7IP		☐ DELETE		-ST-ZIP		☐ Chang	e Addition
TITLE NAME		L. DELETE	6.1 TITL 6.2 NAA	1			is Augustia
STREET ADDRESS			ľ	F BET ADDRESS			
CITY-ST-ZIP				ST-ZIP			
	by certify that the information eupplied	with this filing does not gue			d in Section 119 07/3V// Florida Statute	e I further certify t	hat the

6. 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 agnual 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 charged not an attachment with an address.

SIGNATURE:

SHIM THE AND TYPE BY THE THEO NAME OF SIGNING OFFICER OR DIRECTO

4-4-97 305-593-1735 Dayline Phone