PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092274

1. Corporation Name

KNIGHT MICROSYSTEMS, INC.

Principal Place of Business 12169 SW 137TH TERRACE

MIAMI FL 33186

Mailing Address

2655 LEJEUNE RD.

807 GABLES INTERNATIONAL PLZ. CORAL GABLES FL 33134

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90215 018 ***150.00



DO NOT WRITE IN THIS SPACE

							12/05/1995	su or Qualifeu			
2. Principal Pl	ace of Business	2a. Mailing	Address			$\overline{}$	4. FEI Number				Applied For
211 8036		26					65-0625645				Not Applicable
Suite, Apt.							5. Certifcate of Sta	itus Desired		•	5 Additional Required
City & State	tate . City & State						6. Election Campa Trust Fund Con	•		•	0 May Be d to Fees
Zip	Country	Zip		Country			8. This corporation	owes the curr	ent vear Int	angible	
4 33l	0	Personal Property Tax.				,	☐ Yes) X (No			
1	9. Name and Address of Current	29 Registered A	gent				10. Name and Add	ress of New F	Registered	Agent	
				81	Name		_				
KATES, LESTER G					Ctract	Addross	(P.O. Box Number	ie Not Accents	hle)		
2655 LEJEUNE ROAD					Sireer	Address	(F.O. BOX 140IIIDEI	is Not Accepte	ible)		
807 GABLES INTERNAITONAL PLZ.											
CORAL GABLES FL 33134										11 -	
				84	City				FL	85 Zi	ip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such	i change was auth	norized by	the corpo	corpora oration's	tion submits this sta board of directors.	ntement for the I hereby accep	purpose of of the appoi	cnanging ntment as	registered registered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable	a. (NOTE: R	egistered Age	nt signature r	equired wh	nen reinstating)		DATE		
12.	OFFICERS AND			13.		· .	, ADDITIONS/CHA	NGES TO OF	FICERS AN	ND DIREC	TORS IN 12
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NAME	BUTT, JOHN J			12 NAME		BU	4750hn	レ	7.1	111	
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CITY-ST-ZIP				6.4 CITY-S	I-ZIP	1					

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 changes, or or an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)