

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000009636 (7)

1. Corporation Name

SUPREME SYSTEMS CORPORATION

Principal Place of Business

10255 SW 130TH COURT
MIAMI FL 33186

Mailing Address

10255 SW 130TH COURT
MIAMI FL 33186

FILED
Sep 17 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/29/1996	
4. FEI Number	Applied For
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 owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ARAUJO, WANDA
8999E SW 133RD COURT
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name	HelioHRodriguez
82 Street Address (P.O. Box Number is Not Acceptable)	10255 S W 130th Ct.
83	
84 City	Miami
85 Zip Code	FL 33186

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 *HelioHRodriguez* HelioHRodriguez Aug. 11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Incorporator	1.2 NAME	Pres V/Pres Treasurer
STREET ADDRESS	Reinaldo Rodrigues	1.3 STREET ADDRESS	Reinaldo A Rodrigues
CITY-ST-ZIP	10255 SW 130th Ct Miami FL	1.4 CITY-ST-ZIP	10255 SW 130th Ct.
	<input type="checkbox"/> DELETE	2.1 TITLE	Miami FL 33186
NAME		2.2 NAME	Secretary
STREET ADDRESS		2.3 STREET ADDRESS	Helio H Rodrigues
CITY-ST-ZIP		2.4 CITY-ST-ZIP	10255 SW 130th Ct.
	<input type="checkbox"/> DELETE	3.1 TITLE	Miami FL 33186
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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, 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 *HelioHRodriguez* Aug 11/97 305 5514959

CR2E034 (4/97)