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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000019050

INTEGRA	AIED SYSTEMS GHOUP,	INC.							
Principal Place	of Business	Mailing Address						(411) 46161	
288 ARAGON AVE #D 288 ARAGON AVE #D						7 L			
CORAL GABLES FL 33134 CROAL GABLES FL 33134						DO NOT WRITE I	N THIS SP.	ACE	
U3 Table		US				3. Date incorporated or Qualifed			ے محمد جدونے
1						02/28/1996			1
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
21 Philopar Fi	— — — — — — — — — — — — — — — — — — —					65-0647836		Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							· •	8.75 A	dditional
22 27						5. Certificate of Status Desired	5	Fee Re	quired
City & State City & State						6. Election Campaign Financing	1	\$5.00	May Be
23	28					Trust Fund Contribution		Added to	o Fees
Zip	Country Zip			гу		8. This corporation owes the current		ible	MNo
24	25		30			Personal Property Tax.			MNO
	9. Name and Address of Curr	rent Registered Agent		1 N		10. Name and Address of New Regi	sterea Age	ent	
AI CA	MAN, JOSE		l°		ame				
	ARAGON AVE #D		8	32 Street Addre		ss (P.O. Box Number is Not Acceptable)		
	AL GABLES FL 33134		١.	33					
CON	AL GABLES FL 33134		ľ	"					
	•		8	34 C	ity		FL	35 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida Statute	es, the abo	ve-na	med corpo	ration submits this statement for the pur	pose of cha	inging its	registered
AFFINA OF F	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida, Such change was at	itnonzea r	ıv ine	corporation	i's board of directors. I hereby accept th	e appointm	ent as reg	gistered
		generic or, a control or	idd Oldidi.	es.					t t
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered A		nature required	without contacting/	DATE ERS AND (DIRECTO	PS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE:	Registered A	gent sig	nature required	when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND D		RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE:	Registered A	gent sig	nature required	without contacting/	ERS AND D	DIRECTO Change	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PSTD ALEMAN, JOSE	agent and title if applicable. (NOTE:	Registered A 13. 1.1 TITLE 1.2 NAM	gent søg E		without contacting/	ERS AND D		
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PSTD ALEMAN, JOSE 3891 NW 4 STREET	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAM 1.3 STRE	gent sign	PRESS	without contacting/	ERS AND D		
SIGNATURE 12. TITLE NAME STREET ADDRESS GITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PSTD ALEMAN, JOSE 3891 NW 4 STREET MIAMI FL 33126	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered April 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	gent sag E E EET ADO	PRESS	without contacting/	ERS AND (
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS PSTD ALEMAN, JOSE 3891 NW 4 STREET MIAMI FL 33126 VP	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE	gent sig E E EET ADD -ST-ZIF	PRESS	without contacting/	ERS AND (] Change	Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS PSTD ALEMAN, JOSE 3891 NW 4 STREET MIAMI FL 33126 VP WALTER FERNANDEZ 915 8TH ST #106	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	gent sag E E EET ADO -ST-ZIF E E	DRESS	without contacting/	ERS AND (] Change	Addition
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14. 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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(305) 444-1110