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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000023506

1. Corporation Name

MULTISYSTEMS EXPORT INC.

Dringing	Place of Bucin	000

Mailing Address

9210 WEST CALUSA CLUB DRIVE MIAMI FL 33186

9210 WEST CALUSA CLUB DRIVE MIAMI FL 33186

**FILED** May 03, 1999 8:00 am Secretary of State 05-03-1999 90074 023 \*\*\*150.00

				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
•					03/15/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			65-0650174		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-5Certificate of Status Desired	\$8.75 A	
2 27				Fee Required		quired	
City & Stat	8	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28		Trust Fund Contribution	Added to	Fees		
Zip	Country	Zip	Zip Country		a. This corporation owes the current year for	ntangible	
24	25	29	30		Personal Property Tax.		
<del>24</del> }	g. Name and Address of Current	11	1001	1	10. Name and Address of New Registered	d Agent	·
	9. Name and Address of Ourient	r regiotered rigoni		81 Name	<u> </u>		
WHE	WHEELOCK, MARIA S			Trains			
	WEST CALUSA CLUB DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)			
	MI FL 33186						
MAIM	WI FE 33100	•		83			
	•			84 City	-	85 Zip C	ode
	·				F	_	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the a	bove-named co	orporation submits this statement for the purpose of	of changing its	registered
office or r agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligati	of Flonda. Such change was a ions of, Section 607.0505, Flo	rida Stat	a by the corpora tutes.	ation's board of directors. I hereby accept the app	omininous ao ref	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE		NOTE:	. Casistana	d Apont signature rea	uired when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI		<u> </u>	Agent signature req	ADDITIONS/CHANGES TO OFFICERS A	ND DIPECTO	RS IN 12
12.		D DIRECTORS DELETE	13.	mr	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PD	th pere is				_ +9-	
NAME	WHEELOCK, MARIA S		1.2 N	AME			
STREET ADDRESS	9210 WEST CALUSA CLUB DRI	IVE	1.3 S	TREET ADDRESS		,	
CITY-ST-ZIP	MIAMI FL 33186		1.4 C	ITY-ST-ZIP			
TITLE	S	☐ DELETE	2.1 T	mle	•	Change	☐ Addition
NAME	TEFEL, EDGARD G		2.2 N	IAME	•		
STREET ADDRESS	9210 W. CALUSA CLUB DRIVE		2.3 S	TREET ADDRESS -	المقداف الأسابيسية سي		
	MIAMI FL 33186			CITY-ST-ZIP			
CITY-ST-ZIP	INITIAL I L CO 100	☐ DELETE	3.1 T			☐ Change	Addition
TITLE			1	1			
NAME	-		3.2 N				
STREET ADDRESS			3.3 S	TREET ADDRESS	,		
CITY-ST-ZIP			_	CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 T	TLE		Change	☐ Addition
NAME			4,21	NAME			
STREET ADDRESS			4.3 S	TREET ADDRESS			
CITY-ST-ZIP			4.4 0	RTY-ST-ZIP			
TITLE	·	☐ DELETE	5.1 T	ITLE		☐ Change	☐ Addition
NAME:			5.2 N	IAME			
STREET ADDRESS			5.3 S	TREET ADDRESS		•	
CITY-ST-ZIP		•	5.4 C	CITY-ST-ZIP			
TITLE		□ DELETE	6.1 T			Change	Addition
		<u></u>	62 N	IAME		_ •	
NAME	1			TREET ADDRESS			
STREET ADDRESS							-
CODY OF 71D	İ		■ 6.4 C	CITY-ST-ZIP			- 1

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 suppliemental 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 of 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.

**SIGNATURE**