

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

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000045353 (5)

1. Corporation Name
ISI INTEGRATED SYSTEMS, INC.

Principal Place of Business
4300 N. UNIVERSITY DRIVE A-106
FORT LAUDERDALE FL 33351

Mailing Address
4300 N. UNIVERSITY DRIVE A-106
FORT LAUDERDALE FL 33351-6243



3. Date Incorporated or Qualified 05/28/1996
3a. Date of Last Report

2. Principal Place of Business
21 444 Brickell Ave
2a. Mailing Address
26 444 Brickell Ave

Suite, Apt. #, etc.
22 429
27 429

City & State
23 MIAMI, FL
28 MIAMI, FL

Zip
24 33131
25 USA
29 33131
30 USA

4. FEI Number 05-0695726
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LAWRENCE A. LEVINE, P.A.
4300 N. UNIVERSITY DRIVE A-106
FORT LAUDERDALE FL 33351

10. Name and Address of New Registered Agent
81 Name Carlos A. Fructuoso
82 Street Address (P.O. Box Number is Not Acceptable) 444 Brickell Ave # 429
83
84 City MIAMI FL 85 Zip Code 33131

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 *[Signature]* 03.19.97
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	CARLOS A. FRUCTUOSO
1.4 CITY-ST-ZIP	444 BRICKELL AVE #429 MIAMI, FL 33131
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	ROBINSON CAPUTO
2.4 CITY-ST-ZIP	444 BRICKELL AVE # 429 MIAMI, FL 33131
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	JOSÉ DE LAUZA FIRMA
3.4 CITY-ST-ZIP	444 BRICKELL AVE # 429 MIAMI, FL 33131
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	ELIAN JOSÉ VÁZ LALIL
4.4 CITY-ST-ZIP	444 BRICKELL AVE # 429 MIAMI, FL 33131
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* 03.19.97 (305) 374.69.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)