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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P96000 AN SYSTEMS & PERIPHER					
Principal Paice of Business 2510 WEST 56 STREET. UNIT 2220 HIALEAH FL 33016		Mailing Address 2510 West 56 Street, UNIT 2220 HIALEAH FL 33016-4764			FEBRUARE HE ISHE BURK BOWL BOWL BOWN BOWN BOWN BURK BURK BURK BURK BURK BURK BURK BURK	
					3. Date Incorporated or Qualified 34 06/25/1996	Date of Last Report
·····	ane of Business	} —,	ng Address		4. FEI Number 65-0677373	Applied For
Suite, Apt. #, etc		26 Suite	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	9	<u></u> ⊢ ·	& State		6. Election Campaign Financing	\$5.00 May Be
23 Ζφ	Country	[28] Zip	T	Country	8. This corporation has liability for intan	
24	25	29		30	Florida Statutes Yes	
	Name and Address of Currel RILAWYER CHARTERED	nt Registered	Agent	81 Name	10. Name and Address of New Registe	ered Agent
COR	ALMERIA AVENUE IAL GABLES FL 33134 to the provisions of Sections 607.050 egistered agent, or both in the State in broiling with and accept the obliging the obliging sections.	02 and 607.150 of Florida. Sui ations of Sect	08, Florida Statute ch change was a ion 607,0505, Flo	83 City H 14	ress (P.O. Box Number is Not Acceptable) West 56 St. Unit aleah poration submits this statement for the purporation's board of directors. I hereby accept the	FL 85 Zip Code .
SiGNATURE	Steadure, types to print diname of regionsed ag		<u> </u>	Marcos Registered Agent signature requir	A Dasilva 04	/07/97
12.	OFFICERS AN	D DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	(
TillE	PSTD Dasilva, Marcos a		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition] (
NAME STREEL ADDRESS	2510 WEST 56 STREET, UNIT	2220		1.2 NAME 1.3 STREET ADORESS		
CHY-S1-7/P	HIALEAH FL 33016			1.4 CITY-ST-ZIP		
10.0			DELETE	2.1 TITLE	M	Change Addition
NAME				2.2 NAME)
STRUTT ACCRESS				2.3 STREE1 ADDRESS		
Id.E (81-79)			DELETE	2.4 CITY-ST-ZIP 31 TITLE		Change Addition
NAV!			E) bereit	3.2 NAME		C Change C Addition
STREET ADDRESS				3.3 STREET ADDRESS		
C(Fr - S" - 7)P				3 4. CITY-\$T-ZIP		
100.6	A STATE OF THE STA		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAM!				4. 2 NAME		
STREET ADDRESS				4 3 STREET ADDRESS		
CHTY+S1-ZiP TITUE	of the state of th		DELETE	5.1 TITLE		Change Addition
NAME (and officers	5.2 NAME		the country the results
STREET ADDRESS	•			5.3 STREET ADDRESS		ļ
GHY-\$1-26				5.4 CITY - \$T - ZIP		
THE	The state of the s	······	DELETE	6.1 TITLE		Change Addition
NAM				62 NAME		ļ
STREET ADDRESS				6 3 STREET ADDRESS		

14. Loo 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 othere 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:



2/10/97 (305)820-1306

FILED

Apr 15 1997 8:00am

Secretary of State