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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000054056 (2) DOCUMENT #

AMERICAN SYSTEMS & PERIPHERALS CORP.

FILED Feb 03 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						t theirest resistent state serie serie serie	YIIC DAIDI EIRIC DIGI	1.88(8) 8		
HIALEAH FL		2 510 WEST 50 STREET. UNIT 2220 H aleah Fl 30010								
157805	SW 84 TER.	15780 SW 84 TER.				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33193 MIAMI FL 3.						 Date Incorporated or Qualified 06/25/1996 				
	Place of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For	
21		26				65-0677373 Not Applicable				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1		Additional equired	
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip				Country 8. This corporation owes or has paid the current year Intangible						
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔀 No					
	9. Name and Address of Current	Registered Agent		., r		10. Name and Address of New Re	gistered Agen	<u>t </u>		
	ASILVA, MARCOS A		В	'I N	ame					
ł .	510 W. 50 ST. UNIT 2220		8	2 St	reet Addre	ddress (P.O. Box Number is Not Acceptable)				
	ALEAH FL 83018									
	578D SW 84 TER.		8	3						
MIAMI FL 33193			8	\$ Ci	ty		FL 85	Zip	Code	
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the above named corneration submits this statement for the purpose of physicians its recipients.									ts 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, typed or printed name of registered agent and title (I applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND	~~~	13.			ADDITIONS/CHANGES TO OFFIC		FCTOF	RS IN 12	
TITLE	PSTD	DELETE 1.11		ITLE		7.55 THOMOS IN WIGHT TO 01110		hange	Addition	
NAME	DASILVA, MARCOS A		1.2 NAME	1.2 NAME				•	_ ' ' ' ' ' ' ' '	
STREET ADDRESS	2510 WEST 56 STREET, UNIT	2220 15780 SW 84 TER			RESS					
CITY-ST-ZIP	HIALEAH FL 89018	MIAMI FL 3319								
TITLE	DELETE			2.1 TITLE				hange	Addition	
NAME			2.2 NAME	2.2 NAME						
STREET ADDRESS			2.3 STREE	2.3 STREET ADDRESS					-	
CITY-ST-ZIP				ITY-ST-ZIP					1	
TITLE		DELETE	3.1 TITLE	I.1 TITLE				hange	Addition	
NAME			3.2 NAME						[
STREET ADDRESS			3.3 STREE	T ADDR	IESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP		,				:	
TITLE				4.1 TITLE				hange	Addition	
NAME			4. 2 NAM	•						
STREET ADDRESS			4.3 STREE	T AODR	ESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		•				
TITLE			5.1 TITLE					hange	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE		ESS					
CITY-ST-ZIP			5.4 CITY-							
TITLE	:	☐ DELET e	6.1 TITLE				□ c	hange	Addition	
NAME			6.2 NAME					•		
STREET ADDRESS			6.3 STREE		ESS					
CITY-ST-ZIP		_	6.4 CITY-							
	sertify that the information supplied with	this films does not qualify to			etated in C	Continu 110 07(2)(i) Florida Ctatutos La	(intati	

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(1), 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.

1/20/08 705,383