

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

0243706

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90122 008 \*\*\*150.00

**DOCUMENT # P96000055662**

1. Corporation Name  
**EFI SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
**4471 N.W. 36 STREET**      **4471 N.W. 36 STREET**  
**SUITE 217**      **SUITE 217**  
**MIAMI FL 33166**      **MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		07/01/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0684512	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MANGONES, SERGIO**  
**12850 S.W. 112 STREET**  
**MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGONES, SERGIO	12 NAME	
STREET ADDRESS	12850 S.W. 112 STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	14 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIETO, JAIRO A	2: NAME	
STREET ADDRESS	11750 S.W. 18TH ST. SUITE 208	2: STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	2: CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3: NAME	
STREET ADDRESS		3: STREET ADDRESS	
CITY-ST-ZIP		3: CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4: NAME	
STREET ADDRESS		4: STREET ADDRESS	
CITY-ST-ZIP		4: CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5: NAME	
STREET ADDRESS		5: STREET ADDRESS	
CITY-ST-ZIP		5: CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6: NAME	
STREET ADDRESS		6: STREET ADDRESS	
CITY-ST-ZIP		6: CITY-ST-ZIP	

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

SIGNATURE: \_\_\_\_\_  
SERGIO MANGONES

MARCH 15/99 (305) 884 4001

CR2E034 (11/98)