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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 10 1997 8:00am

Secretary of State

0204610

1997

DOCUMENT # P96000057798 (6)

INTEGRATED TECHNOLOGY SYSTEMS, INC.

Principa: Place of Business Mailing Address			ויפוני אופר אווידו תובעי אונספר האווע מעותם נוועם אוועם האופר אווס בווען בווען בעו אסקובעו ר		
990 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146	890 SOUTH DIXIE HIGHN CORAL GABLES FL 3314				
			3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last Report	<del></del>
2. Principal Place of Business	2a. Mailing Address	<del></del>	4. FEI Number 025585	Applied Not App	
Suite, Apt. #, etc.	Suite, ApI #, etc.		6. Certificate of Status Desired	\$8.75 Addition	onat
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee	
2(p) Country 25	Zip [29]	Country	8. This corporation has liability for in		
9. Name and Address of Curr		4-1-1-	10. Name and Address of New Reg	Jistered Agent	
SCHREIBER, GERHARDT A ESQ. 890 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33148		81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable	ie)	
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent, I am familiar with, and accept the obline.	1502 and 607 1508, Florida Stati ate of Florida, Such change was ligations of, Section 607.0505, F	utes, the above-named corpora s authorized by the corpora Florida Statutes.	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its regist the appointment as regis	
IGNATURE					
Signaring Typed or protect name of registered.	agent and title if applicable (NC	OTE Registered Agent signature requ	grifalarie) nerw benig	DATE	
Signatine Typed or profed name of regioned.  2. OFFICERS A	AND DIRECTORS	13.	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN	12
Signar or typest or product name of inglewest  For Consider t  ME Taxquin G, Avins  RHELADDRESS 5900 - 4050 auc.		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS IN	
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Signature typest or product name of regioned.  OFFICERS A  UF  ME  Josephin G, Avini  RHELADDRESS  SALO SUSTABLE  IV. SI-ZIP  VICE ALSIGNAT  JULIO B: Alvarez  REFLADDRESS  SALO SUSTABLE  JULIO B: Alvarez  REFLADDRESS  SALO SUSTABLE  MARINE  MARINE  JULIO B: Alvarez  REFLADDRESS  MARINE  JULIO SUSTABLE  MARINE  JULIO SUSTABLE  MARINE  MARINE  JULIO SUSTABLE  MARINE  MARINE  JULIO SUSTABLE  MARINE  MARINE	AND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		ERS AND DIRECTORS IN Change C	12 Addi
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