


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

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90008 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

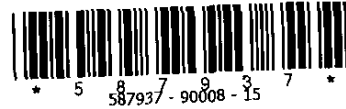


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000073616 (0)

1. Corporation Name

SYNIX INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified  
 09/05/1996

2. Principal Place of Business 21. 2111 N.W. 84 Avenue  
 2a. Mailing Address 26. 2111 N.W. 84 Avenue

4. FEI Number 65-0691159  
 Applied For  
 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State 23. Miami, FL  
 City & State 28. Miami, FL

6. Election Campaign Financing  \$5.00 May Be Added to Fees  
 Trust Fund Contribution

Zip Country 24. 33122 USA  
 Zip Country 29. 33122 USA

8. This corporation owes the current year Intangible Personal Property Tax.  
 Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Meng Jung Lee  
 82 Street Address (P.O. Box Number is Not Acceptable) 9467 N.W. 54 Doral Cir. Ln.  
 83  
 84 City Miami FL 85 Zip Code 33178

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 *Meng Jung Lee* MENGJUNG LEE 06/30/99  
Signature, typed or printed name of registered agent and title if applicable. (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, MENG JUNG	1.2 NAME	
STREET ADDRESS	9467 N.W. 54 DORAL CIR. LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NI, SUNG YUEH	2.2 NAME	
STREET ADDRESS	9467 N.W. 54 DORAL CIR. LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Meng Jung Lee* MENGJUNG LEE 06/30/99 (305)4366700.  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)

587937-90008-15  
P96000073616

# **Synix** MICRO Computers

2111 N.W. 84<sup>th</sup> Avenue, Miami, FL 33122 TEL: (305)436-6700 FAX : (305) 436-5700

06/25/1999

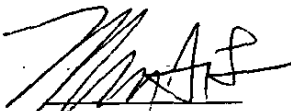
Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Dear Sirs,

This letter is to notify that I did not receive Profit Corporation Annual Report for 1999. So I called in late May to get the blank form that I can file 1999 annual report. Also since I did not receive the annual report, please waive the late charge. Thanks.

Please find enclosed complete 1999 annual report and check for \$150.- for your processing fee.

Best regards,



Betty Lee