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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000080999 (1)**

1. Corporation Name
SYSMAN, INC.

Principal Place of Business	Mailing Address
403 NW 72 AVE #217 MIAMI FL 33126	403 NW 72 AVE #217 MIAMI FL 33126-5814

3. Date Incorporated or Qualified: 10/01/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 325 NW 72nd Ave	26 325 NW 72nd Ave
Suite, Apt. #, etc. 22 303	Suite, Apt. #, etc. 27 303
City & State 23 Miami FL	City & State 28 Miami Fla
Zip 24 33126 Country 25 USA	Zip 29 33126 Country 30 USA

4. FEI Number: 65-0699622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROVALCO CORPORATION 403 NW 72ND AVE #217 MIAMI FL 33126	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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MANRIQUE, IRIARTE		1.2 NAME		
STREET ADDRESS	403 NW 72 AVE #217		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOSE, PUJADAS		2.2 NAME		
STREET ADDRESS	403 NW 72 AVE #217		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUMBERTO, AMADOR		3.2 NAME		
STREET ADDRESS	2430 SW 18 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLANCO, EDUARDO		4.2 NAME		
STREET ADDRESS	9441 SW 4 ST #307		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MIYAKAWA, VICTOR E		5.2 NAME		
STREET ADDRESS	991 NW 28TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 4/28/97