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FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # P96000089672 (5)

1. Corporation Name

PSYS CORP.

Principal Place of Business

8526 NW 1 Ter
Miami, FL 33126

Mailing Address

8526 NW 1 Ter
Miami, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/96

4. FEI Number

65-0706415

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

29

9. Name and Address of Current Registered Agent

FERREIRA, PAULO
8526 NW 1 Terr
Miami, FL 33126

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

(Signature of Registered Agent required when changing)

(Signature of Registered Agent required when changing)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DPST
FERREIRA, PAULO
8526 NW 1 Ter.
Miami, FL 33126

☐ DELETE

12 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

14 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

15 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

16 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information
and content of this 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, and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on
Back 12 or Block 13B of this report or on an attachment with this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. FERREIRA

8000002484068
-04/09/98-01061-009
***150.00

04/06/98. 25 266-7638

CR2E034 (10/97)