

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90026 007 ***150.00

DOCUMENT # P96000091119

1. Corporation Name
SYSNET OFFICE AUTOMATION, INC.



Principal Place of Business
6595 NW 36TH ST
SUITE 314
MIAMI FL 33166
US

Mailing Address
6595 NW 36TH ST
SUITE 314
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1996	
4. FEI Number 65-0705128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <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	

2. Principal Place of Business		2a. Mailing Address	
21. 6761 Branch St	26. 6761 Branch St		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22.	27.		
City & State Hollywood FL		City & State Hollywood FL	
Zip 33029	Country E.U.A.	Zip 33029	Country E.U.A.

9. Name and Address of Current Registered Agent
PEREZ, JULIO C
1145 NORMANDY DR. #203
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent	
81. Name Julio C. Perez	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City Hollywood	85. Zip Code 33029

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 Julio C. Perez DATE 4/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, JULIO C		1.2 NAME Perez, Julio C	
STREET ADDRESS 1145 NORMANDY DR. #203		1.3 STREET ADDRESS 6761 Branch St	
CITY-ST-ZIP MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP Hollywood, FL 33029	
TITLE DST	<input type="checkbox"/> DELETE	2.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, RUTH E		2.2 NAME Perez, Ruth E	
STREET ADDRESS 1145 NORMANDY DR. #203		2.3 STREET ADDRESS 6761 Branch St	
CITY-ST-ZIP MIAMI BEACH FL 33141		2.4 CITY-ST-ZIP Hollywood, FL 33029	
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: Julio C. Perez DATE: 4/30/99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)