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

Mailing Address

8305 NW 27TH ST

MIAMI FL 33122

SUITE 107

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

8305 NW 27TH ST SUITE 107

MIAMI FL 33122

US



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000053879**1. Corporation Name SYSTEMONE TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

FILED

Secretary of State

03-17-1999 90002 021 \*\*\*317.50

Mar 17, 1999 8:00 am

			06/18/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
- 1	26		65-0801411	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 4 25		Country	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MANSUR, PIERRE G. 8425 SW 129TH TERRACE MIAMI FL 33156			HANSUR, PIERRE G ress (P.O. Box Number is Not Acceptable) 305 NW 27 FR. #107		

Zip Code 33122 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	At any local agent and little if applicable	(NOTE Registered Agent signature r	equired when reinstating)	DATE	
	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS	1 13	ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12		
12.		TE 11 TITLE	D/P/C	★ Change	Addition
TITLE	_		MANSHO DIEGRE G	<b>p.4</b>	
NAME	MANSUR, PIERRE G	1.2 NAME	MANSUR PIERRE G 8305 NW 27 STR #107		
STREET ADDRESS	8425 SW 129 TERR.	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	MIAMI, FL. 33122		
TITLE	D DELET	TE 21 TITLE	DICEO	💥 Change	Addition
NAME	MANSUR, PAUL I	2.2 NAME	MANSUR, PAUL I 8305 NW 27: 8TR. #107		
STREET ADDRESS	8425 SW 129 TERR.	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156	2 4 CITY-ST-ZIP	HIAMI, FL. 33122		
TITLE	D XDELE	TE 31 TITLE	D	☐ Change	Addition
NAME	MANSUR, ELIAS F	3.2 NAME	KORN, RONALD D 8305 NW 27'STR #107		
STREET ADDRESS	8425 SW 129 TERR	3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156	34 CITY ST ZIP	MIAMI, FL . 33122		
TITLE	D DELE	TÉ 41 TITLE	D	[ <b>∑</b> KChange	Addition
NAME	JACK, JOSEPH E	4 2 NAME	JACK, JOSEPH E 8305 NW 27 STK #107		
STREET ADDRESS	8425 SW 129 TERR	4.3 STREET ADDRESS	830\$ NN 21 300 41-1-1		
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	MIAMI, FL. 33122		
TITLE	D DELE	TE 51 TITLE	D	<b>X</b> Change	Addition
NAME	HEDBERG, JAN	5 2 NAME	HEDBERG, JAN		
STREET ADDRESS	8425 SW 129 TERR	5.3 STREET ADDRESS	1792 BAY DRIVE	-/- 2056	
CITY-ST-ZIP	MIAMI FL 33156	54 CITY-ST-ZIP	POMPANO BEACH, FL. 33	062-2436	
TITLE	CFO DELE	TE 61 TITLE		Change	Addition
NAME	SMITH, RICHARD P	62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY OF ZID	ROCA DATON EL 33408	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 of 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 of the eceiver 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 changes, an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD P. SMITH