


**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90055 041 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P97000064857

1. Corporation Name **COMSYS INTERNATIONAL CORPORATION**

Principal Place of Business	Mailing Address
8970 SW 122ND PLACE SUITE 116 MIAMI FL 33186	8970 SW 122ND PLACE SUITE 116 MIAMI FL 33186

2. Principal Place of Business		2a. Mailing Address	
21	7370 NW 36 Street	26	7370 NW 36 St
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	325-E	27	325-E
City & State		City & State	
23	Miami, FL.	28	Miami, FL.
Zip	Country	Zip	Country
24	33166	25	
		29	33166
		30	

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified <b>07/24/1997</b>		
4. FEI Number <b>64-0780774</b>	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent	
CASTILLO, OTTO 8970 SW 122ND PLACE SUITE 116 MIAMI FL 33186	81 Name <u>Ca</u>
	82 Street Address <u>5767</u>
	83
	84 City <u>MI</u>

10. Name and Address of New Registered Agent

Billio, Otto  
P.O. Box Number is Not Acceptable  
NW 99 Place  
ami  
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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, OTTO	1.2 NAME	Castillo, Otto
STREET ADDRESS	9115 SW 123 AVE CT	1.3 STREET ADDRESS	5767 SW 99 Place
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	Miami FL 33178
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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:** *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

418/99

(305) 593-0550

CR2E034 (11/98)