

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

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000066584 (8)**  
 1. Corporation Name  
**SYSTEMS PARADIGM INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**12719 S.W. 28TH TERR. MIAMI FL 33175**      **12719 S.W. 28TH TERR. MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/30/1997**

4. FEI Number **65-0778507** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional**

Trust Fund Contribution  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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**MENDOZA, PEDRO HURTADO**  
**12719 S.W. 28TH TERR.**  
**MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name **PEDRO HURTADO-de-MENDOZA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**12719 S.W. 28 TER**

83

84 City **MIAMI** FL 85 Zip Code **33175**

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: *Pedro Hurtado de Mendoza* DATE: **01/08/98**

(Signature, typed or printed name of registered agent applicable (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>PEDRO HURTADO-de-MENDOZA</b>
STREET ADDRESS	<b>12719 S.W. 28 TER.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE
NAME	<b>SILVIA HURTADO-de-MENDOZA</b>
STREET ADDRESS	<b>12719 S.W. 28 TER.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Silvia Hurtado de Mendoza* **SILVIA HURTADO-de-MENDOZA 1/3/98**

CR2E034 (10/97)