

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 19 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 # P98000000010 (2)

1. Corporation Name

SYSTEM OF FLORIDA, INC.



Principal Place of Business

7700 NORTH KENDALL DRIVE
SUITE 303
MIAMI FL 33156

Mailing Address

7700 NORTH KENDALL DRIVE
SUITE 303
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1997

4. FEI Number

65-0801654

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 8725 NW 18TH TERR

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 PH. A

Suite, Apt. #, etc.

27

City & State

23 MIAMI, FL

City & State

28

Zip

24 33172

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

REINER, SAMUEL "CLAY"
7700 NORTH KENDALL DRIVE
SUITE 303
MIAMI FL 33156

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BLANCO, ABELARDO
STREET ADDRESS 7700 NORTH KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☒ DELETE

NAME RUIZ, CRESCENCIO
STREET ADDRESS 7700 NORTH KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☒ DELETE

NAME LLADO, EDUARDO
STREET ADDRESS 7700 NORTH KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME BLANCO, ABELARDO
1.3 STREET ADDRESS 8725 NW 18TH TERR PHA
1.4 CITY-ST-ZIP MIAMI, FL 33172

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME KAUFMAN, SEAN
2.3 STREET ADDRESS 8725 NW 18TH TERR PHA
2.4 CITY-ST-ZIP MIAMI, FL 33172

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: ABELARDO BLANCO 7/24/98 305.477.7303

CR2E034 (5/98)