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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-30-1999 90156 031 ***150.00

		_
DOCUMENT	#P98000100517	•

1. Corporation Name			
BYTE WIZARD SYSTEMS, INC.			
1			
Principal Place of Business	1 Mailing Address		
13800 SOUTHWEST 111TH STREET	13800 SOUTHWEST 111TH	STREET	-
MIAMI FL 33186	MIAMI FL 33186		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed
F		<u> </u>	· ·
2. Principal Place of Business	2a. Mailing Address		12/03/1998
21	26		65-0883508 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22	27		5. Certificate of Status Desired Fee Required
City & State	City & State	***	6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible
24 25	29	30	Personal Property Tax.
9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New Registered Agent
ANACON ANACYCO		81 Name SE	MG10 C. BALBIN
AMERILAWYER		82 Street Add	ress (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE			800 SW 111 ST
CORAL GABLES FL 33134		83	
		84 City	- 85 Zip Code ,
			Ami FL 33186
11. Pursuant to the provisions of Sections 607	7.0502 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the o	bligations of, Section 607.0505, Fic	orida Statutes.	4//22
SIGNATURE Sout (. But	(SEAGIO C. BALBIN	1) President	1/26/99
3ignitude typed or printed name of registers		: Registered Agent signature require	
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE PTD	□ bereie	1.1 TITLE	
NAME BALBIN, SERGIO C	OTDEET	1.2 NAME	
STREET ADDRESS 13800 SOUTHWEST 111TH	SIMEEL	1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33186 TITLE SVD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change [] Additio
		2.1 VIILE	
		2.3 STREET ADDRESS	
	SINEEL	•	
CITY-ST-ZIP MIAMI FL 33186	☐ DELETE	2.4 CITY-ST-ZIP	Change Additio
NAME	DECE!E	3.2 NAME	
		3.3 STREET ADDRESS	
STREET ADDRESS			
TITLE	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Additio
NAME		4.2 NAME	
		4.2 IVAME 4.3 STREET ADDRESS	
STREET ADDRESS		4.3 STREET ADDRESS	

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 chapged, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

11,00

52 N. C

TITLE

NAME

MLE

NAME

Change

☐ Change

☐ Addition

Addition