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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S16529

(7)

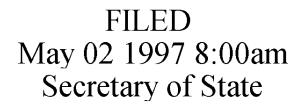
THEOREMA, INC.

(1

Principal Place of Business

3622 RIVIERA CT. CORAL GABLES FL 33134 Mailing Address

3622 RIVIERA CT.





CORAL GABLES FL 33134		CORAL GABLES FL 33134-7122							
						Date Incorporated or Qualified 12/05/1990		te of La 31/199	st Report
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		L	Applied For
21		26			65-0361321			Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
-Zip	Country	Zip	Cou	ntry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for in	ntangible		
24	25	29	30				Yes [
	g, Name and Address of Currer	t Registered Agent				10. Name and Address of New Reg	gistered /	Agent	
BOR	IGES, REINALDO J.			81	Name				
	RIVIERA CT.			82	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)		
COR	VAL GABLES FL 33134				0.0007.0	Solves (1.e. Box Hallber to Hall Heespies			
				83					
				84	City			85	Zip Code
				54	City		FL	65 4	EID COUR
office or n agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was ations of, Section 607.0505, F	authorized Iorida Stat	d by utes	the corpo	orporation submits this statement for the p oration's board of directors. I hereby accep	t the app	ointmen	I as registered
OIGIATIONE	Signature, typed or printed name of registered ago		Of Hagistered	ΙΛοε	ant signature re	equired when re-instating)	DATE		
12.	OFFICERS AN		18.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PTD	☐ DELETE	1.i Ti	TLE				Char	ige Addition
NAME	BORGES, REINALDO J.		1.2 N/	ME					
STREET ADDRESS	532 SW 101 PL		1.8 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL				ST - ZIP	· · · · · · · · · · · · · · · · · · ·		—	
TITLE	VSD	☐ DELETE	2.1 11					☐ Char	ige L Addition
NAME	DAHBURA, ALICE		2. 2 N/						
STREET ADDRESS	532 SW 101 PL		2.8 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL	C process			ST-ZIP				The arms
TITLE		☐ DELETE	3.4 T(Char	nge [_] Addition
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE			\$1-ZIP ,			Char	nge Addition
TITLE	:	ריי מנינונ	4.4 11					F"1 CHAI	iðe T'''T Applitjoli
NAME	•		4. 2 N						
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP		DELETE			51 - ZIP			☐ Char	nge Addition
TITLE		L Deceit	5.1 11					الهان بــــ	Ac TT Vingition
NAME			5.P N/						
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP		DELETE			S1 - ZIP			Char	nge Addition
TITLE			61 TI						igo L_1 Muukkuli
NAME			6.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	by cartify that the information supplies	durith this filing does not one			SI-ZIP	ated in Section 119 07/3/(i) Florida Statute	a I further	contitu	that the

I do needby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), horida Statutes. Fifterine 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 12