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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$37172

(1)

QUALISYS CORPORATION

Principat Piac 5203 S.W. 152 MAMI FL 3318	ND CT.	Mailing Address 5203 S.W. 152ND CT. MIAMI FL 33185-4110					
						3. Date Incorporated or Qualified 03/08/1991	3a. Date of Last Report 01/30/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21		26	26			65-0251627	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
City & State	6	City & State				6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Cou	ntry			Added to Fees
24	25	29	30	ıı ıtı y		8. This corporation has liability for in	Yes 🖪 No
24	9. Name and Address of Curre		[30]			10. Name and Address of New Regi	
Dili	DUE, DIEGO A.			81	Name		· · · · · · · · · · · · · · · · · · ·
5203 S.W. 152ND CT.				82	2 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33185				92	Street Add	dress (P.O. Box Number is Not Acceptable	;)
,,,,				83		7////	
				84	0:		At 75 Code
				04	City		FL 85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat im familiar with and accept the oblig Signature based or control bards of registered as	e of Florida. Such change was gations of, Section 607,0505, I	s authorize Florida Stat	d by lutes	the corpora s.	rporation submits this statement for the pu ation's board of directors. I hereby accept ured when reinstating:	the appointment as registered
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TI	TLE			Change Addition
NAME	DUQUE, DIEGO A.		1.2 N/	AME	Ì		
STREET ADORESS	5203 S.W. 152ND CT		1.3 S1	REET	ADDRESS		
CITY-ST-ZIP	miami fl		1.4 CI	TY-S	T-21P		
TITLE	VID	DELETE	2.1 10	TLE			Change Addition
NAME	Bernal, Hernando		2.2 N/	AME			
STREET ADDRESS	5203 S.W. 152ND CT		2.3 \$1	TREET	ADDRESS		
CITY - ST - ZIP	MIAMI FL		2 4 0	ITY-5	ST~ZIP		
TITLE		DELETE	3 1 71	TLE			Change Addition
NAME			3.2 N/	AME			
STREET ADDRESS			3 3 ST	REET	ADDRESS		
City - St - ZiP			34. C	ITY - §	ST-ZIP		
TITLE		DELETE	4171	TL. E			Change Addition
NAME			4 2 N	IAME			
STREET ADDRESS			4.3 ST	TREET	ADDRESS		
CITY - ST - ZIP			. 44 Ci	TY-S	(T - Z)P		
TITLE		DELETE	51 TI				Change Addition
NAME			5 2 N	AME			
STREET ADDRESS			5.3 \$1	TREET	ADDRESS		
CITY-ST-ZIP			5.4 CI				
TITLE		DELETE	61 TI				Change Addition

SIGNATURE:

 I do hereby certify that the information information indicated on this annual r Fam an officer or director of the co-appears in Block 12 or Block 13 if,

NAME STREET ADDRESS CITY - ST-ZIP

DIEGOA DUQUE

his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the mental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that sceip is or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in a factories with an address.

6.2 NAME

6.4 CITY - ST- ZIP