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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S75184** **(9)**

1. Corporation Name
SYSTEN - TRADING, INC.

Principal Place of Business	Mailing Address
141 NE 3 AVE SUITE 206 MIAMI FL 33132	141 NE 3 AVE SUITE 206 MIAMI FL 33132-2221

3. Date Incorporated or Qualified: 08/22/1991
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. # etc: 245 SE 1st street	26 Suite, Apt. #, etc: 245 S.E. 1st Street
22 City & State: Suite 327	27 City & State: Suite 327
23 Zip: MIAMI FL	28 Zip: MIAMI FL
24 Country: 33131	25 Country: 29 33131 30

4. FEI Number: 65-0289407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE LIMA, MILTON LUIS 141 NE 3 AVE SUITE 206 MIAMI FL 33132	81 Name: DE LIMA ,MILTON LUIS 82 Street Address (P.O. Box Number is Not Acceptable): 245 SE 1 ST STREET 83: SUITE 327 84 City: MIAMI FL 85 Zip Code: 33131

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	DE LIMA, MILTON LUIS		1.2 NAME	DE LIMA,MILTON LUIS	
STREET ADDRESS	141 NE 3 AVE #206		1.3 STREET ADDRESS	245 SE 1ST STREET # 327	
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST-ZIP	MIAMI FL 33.132	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	DE LIMA, MARIA JOSE		2.2 NAME	DE LIMA,MARIA JOSE	
STREET ADDRESS	141 NE 3 AVE #206		2.3 STREET ADDRESS	245 SE 1 ST STREET #327	
CITY-ST-ZIP	MIAMI FL 33132		2.4 CITY-ST-ZIP	MIAMI FL 33.131	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #