FILE NOW: FILING FEE AFTER MAY 1 IS \$225,00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sangra B. Mortham

	JAL REPORT 1996			retary of State OF CORPORATIONS					
	MENT # s8	8923							
M. 80	ASTER INTE 620 NW 3 L IAMI, FL 3	ane #1	L SYSTEMS	CORPORATI	ON				
Principa Piace			Mailing Address						
12916	SW 133 Ct	863	20 NW 3 L	ane # 1	1				
	F1.33186		ami, Fl.						
ŕ			·			 Date Incorporated or Qualified 10/22/1991 	3a. Date	e of Last Re	eporl
2. Principal Pl	ace of Business	├	a. Mailing Address			4. FEI Number		→	pplied For
21		26				65-0311734			lot Applicable
Suite Apt :	#, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee R	Additional lequired
City & State			City & State			6. Election Campaign Financing			May Be
Zip	Count	· —	Zip	Country		Trust Fund Contribution 8. This corporation has liability for	intangible		
24	[25]	29		30		Florida Statutes X Yes 10. Name and Address of New R	No	Agen!	
	9. Name and Addr	ess of Current Reg	istereo Agent	B1 Nar		IV. Mame and Address of New M	añis tatad	- Agent	
						(0.0 D. M	h la \		
				82 Stre	et Address	(P.O. Box Number is Not Accepta	DIE)		
				B3					
				84 Cits				[85] Zip	Code
				84 City			FL	.	Code
office or re	aniclared agent, or bet	h in the State of Flo	vida. Such channo ii	tatutes, the above-nan	ed coronra	ition submits this statement for the	purpose o	f changing	its registered
office or re	to the provisions of Sec egistered agent, or bot m familiar with, and ac	h in the State of Flo	vida. Such channo ii	tatutes, the above-nan	ed coronra	ition submits this statement for the s board of directors. I hereby acce	purpose o	f changing	its registered
office or re agent if ar SIGNATURE _	egistered agent, or bot m familiar with, and ac	th, in the State of Flo cept the obligations	orida. Such change w of, Section 607.0505	tatutes, the above-nan vas authorized by the of 5, Florida Statutes.	ed corpora corporation	s board of directors. Thereby acce	purpose o	f changing	its registered
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requirer certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that this signature shall have the same legal effect of made under oally that I/am an officer or director of the corporation or thustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears it. Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: OTILIA MAROZZI

3-11-96

(305) 264-2852

Daytime Phone #