

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V01334**

(4)

1. Corporation Name

**FAMEGA SYSTEMS, INC.**

Principal Place of Business

**8075 N.W. 7 ST.  
APT. 108  
MIAMI FL 33126**

Mailing Address

**8075 N.W. 7 ST.  
APT. 108  
MIAMI FL 33126**

(DO NOT WRITE IN THIS SPACE)

|                                                                                                                                                                         |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date of Incorporation (Applicable)<br><b>12/19/1991</b>                                                                                                              | 3a. Date of Last Report<br><b>04/12/1994</b>                                       |
| 4. FID Number<br><b>65-0300497</b>                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                            | <b>\$8.75 Additional<br/>Fee Required</b>                                          |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                                   | <b>\$5.00 May Be<br/>Added to Fees</b>                                             |
| 8. This corporation has agreed to submit to the Secretary of State for filing its annual report.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                    |

|                                              |                                              |
|----------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business               | 2a. Mailing Address                          |
| 21. Street Address<br><b>8075 N.W. 7 ST.</b> | 26. Street Address<br><b>8075 N.W. 7 ST.</b> |
| 22. Suite, Apt. #, etc.<br><b>APT. 108</b>   | 27. Suite, Apt. #, etc.<br><b>APT. 108</b>   |
| 23. City & State<br><b>MIAMI FL</b>          | 28. City & State<br><b>MIAMI FL</b>          |
| 24. Zip<br><b>33126</b>                      | 29. Zip<br><b>33126</b>                      |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELGUERA, LUIS H.  
8075 N.W. 7 ST.  
# 108  
MIAMI FL 33126**

|                                                      |
|------------------------------------------------------|
| 81. Name                                             |
| 82. Street Address (If FID Number is Not Applicable) |
| 83. City                                             |
| 84. State<br><b>FL</b>                               |
| 85. Zip Code                                         |

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c), 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, if hereby accepted by the corporation as registered agent, I am hereby accepting and accept the obligations of Sections 607.01(2)(b) Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

| 12. OFFICERS AND DIRECTORS                         |                                                            | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any) |                                                                   |
|----------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------|
| 12.1<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP | P<br>ELGUERA, LUIS H.<br>8075 N.W. 7 ST. # 108<br>MIAMI FL | 13.1<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP | P<br>ELGUERA, LUZ E.<br>8075 N.W. 7 ST. # 108<br>MIAMI FL  | 13.2<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.3<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |                                                            | 13.3<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.4<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |                                                            | 13.4<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.5<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |                                                            | 13.5<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |                                                            | 13.6<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.7<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |                                                            | 13.7<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.8<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP |                                                            | 13.8<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(2)(b) and 607.01(2)(c), Florida Statutes. I further certify that the information is not based on the annual report or supplemental annual report, or on a certificate, and that my separate declaration that the corporation has a right to order copies that I am an officer or director of the corporation or the officer or director designated to execute this report as required by a chapter of Florida Statutes, and that my name appears in Block 12 of this report is true and correct.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Luis H. Elguera**

**President**

**4/17/95**

**(305)**

**261-7560**

0124340 CP