

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000007196

**Entity Name:** ACCUTEST SYSTEMS, INC.

**Current Principal Place of Business:**

2889 MCFARLANE AVENUE  
SUITE 902  
MIAMI, FL 33133

**Current Mailing Address:**

2889 MCFARLANE AVENUE  
SUITE 902  
MIAMI, FL 33133

**FEI Number:** 46-1903289

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KISS, TOVI L  
2889 MCFARLANE AVENUE  
SUITE 902  
MIAMI, FL 33133 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KISS, TOVI L  
Address 2889 MCFARLANE AVENUE, SUITE 902  
City-State-Zip: MIAMI FL 33133

Title VP  
Name KISS, J. MICHAEL  
Address 2889 MCFARLANE AVENUE, SUITE 902  
City-State-Zip: MIAMI FL 33133

Title S  
Name KISS, J. MICHAEL  
Address 2889 MCFARLANE AVENUE, SUITE 902  
City-State-Zip: MIAMI FL 33133

Title T  
Name KISS, J. MICHAEL  
Address 2889 MCFARLANE AVENUE, SUITE 902  
City-State-Zip: MIAMI FL 33133

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TOVI L. KISS

**PRESIDENT**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date