FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K99378 (7)

1. Corporation Name
ADVANCED TOTAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
% OSIRIS VILLACAMPA 7923 N.W. 190TH TERRACE MIAMI FL 33015	6300 SW 8TH ST. SUITE 306 MIAMI FL 33144 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 8300 S.W. 8 Street
22: #306
23: Miami, FL
24: 33144 (Zip) 25: USA (Country)

2a. Mailing Address
26:
27:
28:
29: (Zip) 30: (Country)

4. FEI Number: 65-0143176 ☐ 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

VILLACAMPA, OSIRIS
8801 WEST FLAGLER STREET
SUITE 304
MIAMI FL 33174

10. Name and Address of New Registered Agent

01 Name: Villacampa, Osiris
02 Street Address (P.O. Box Number is Not Acceptable): 7748 S.W. 184 Way
03:
04 City: Miami FL 05 Zip Code: 33157

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	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	VILLACAMPA, OSIRIS	1.2 NAME	Villacampa, Osiris	
STREET ADDRESS	8801 W. FLAGLER ST., SUITE 304	1.3 STREET ADDRESS	7748 S.W. 184 Way	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ALONSO, CLAUDIA	2.2 NAME		
STREET ADDRESS	15575 MIAMI LAKEWAY NORTH, SUITE 305	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	IBARRA, DORIS	3.2 NAME	Alonso, Diego	
STREET ADDRESS	12028 SW 75TH ST.	3.3 STREET ADDRESS	15575 Miami Lakeway North, Suite 305	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	RUEDA, MERCEDES	4.2 NAME	Alonso, Diego	
STREET ADDRESS	10201 SW 21ST TERR.	4.3 STREET ADDRESS	15575 Miami Lakeway North, Suite 305	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 4/18/95 (305) 262-5353
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0194200 CP