SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996 7-23-96 B-7382 C

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

DOCUMENT # K99378 (7)

1. Corporation Name

ADVANCED TOTAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
8300 S.W. 8TH ST. SUITE 306 MIAMI FL 33144 US	8300 SW 8TH ST. SUITE 306 MIAMI FL 33144 US

2. Principal Place of Business: 21 1150 NW 72nd Ave	2a. Mailing Address: 26 1150 NW 72nd Ave
Suite, Apt #, etc: 22 Suite 501	Suite, Apt. #, etc: 27 Suite 501
City & State: 23 Miami, fl.	City & State: 28 Miami, fl.
Zip: 24 33126 — Country: 25 U.S.	Zip: 29 33126 — Country: 30 U.S.

3. Date Incorporated or Qualified: **06/29/1989**
3a. Date of Last Report: **04/28/1995**
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, ORSIRIS
7748 S.W. 184TH WAY
~~SUITE 304~~
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VILLACAMPA, OSIRIS		1.2 NAME	
STREET ADDRESS	8801 W. FLAGLER ST., SUITE 304		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	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	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, DIEGO		3.2 NAME	
STREET ADDRESS	15575 MIAMI LAKEWAY NORTH, SUITE 305		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL		3.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	4.1 TITLE	SD ☐ Change ☒ Addition
NAME	ALONSO, DIEGO		4.2 NAME	MARIA VILLACAMPA
STREET ADDRESS	15575 MIAMI LAKEWAY NORTH, SUITE 305		4.3 STREET ADDRESS	7748 SW 184th WAY
CITY-ST-ZIP	MIAMI LAKES FL		4.4 CITY-ST-ZIP	MIAMI, FL 33157
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	

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] OSIRIS VILLACAMPA 6/6/96 (305)262-5358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)