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Jun 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P94000083366**

1. Corporation Name

VGS SYSTEMS ENGINEERING USA, INC.

Principal Place of Business	Mailing Address
7680 REPUBLIC DRIVE **SUITE 170** **ORLANDO, FLORIDA 32819**	**7680 REPUBLIC DRIVE** **SUITE 170** **ORLANDO, FLORIDA 32819**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/15/1994**

2. Principal Place of Business
21 **7680 REPUBLIC DRIVE**
Suite, Apt. #, etc.
22 **SUITE 170**
City & State
23 **ORLANDO, FLORIDA**
Zip 24 **32819** Country 25 **USA**

2a. Mailing Address
26 **215 NORTH EOLA DRIVE**
Suite, Apt. #, etc.
27
City & State
28 **ORLANDO, FLORIDA**
Zip 29 **32801** Country 30 **USA**

4. FEI Number: **59-3312742** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMMONS, CLEATOUS J.
215 N. EOLA DRIVE
ORLANDO, FLORIDA 32801

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE **DPS** **MORO, PAOLO** **45 MARESFIELD GARDENS** **HAMPSTEAD NW3 5TE ENGLAND**	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition **AS** **WILLIAM LANDGON** **7680 REPUBLIC DRIVE, SUITE 170** **ORLANDO, FLORIDA 32819**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE **DVPT** **GANNA, RODOLFO** 7680 Republic Drive, ~~**9133 BAYWARD CT**~~ Suite 170 **ORLANDO, FL. 32819**	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 300000251021B 06/23/98--01107--004 ***550.00

6/23 VP

14. I hereby certify that the information supplied with this filing 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.

ASSISTANT SECRETARY

SIGNATURE: _____ **WILLIAM LANDGON** 6/15/98 **(407) 370-2900**