PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90200 048 ***150.00

DOCUMENT # **P9400083366**1. Corporation Name

VGS SYSTEMS ENGINEERING USA, INC.

Principal Place of Business Mailing Address			(188(184) the latti also sent abits as it date to the part of the				
7680 REPUBLIC DRIVE #170 ORLANDO FL 32819	215 NORTH EOLA DR. ORLANDO FL 32801 US		DO NOT WRITE IN THIS SPACE				
US			3. Date Incorporated or Qualifed 11/15/1994				
2. Principal Flace of Business	2a. Mailing Address		4. FEI Number	Appl ed For			
21	26 7680 Universal	Blud .	59-33 i 2742	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 25	Zip Co	ountry	This corporation owes the current year In Personal Property Tax.	tangible			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
SIMMONS, CLEATOUS J		81 Name					
215 N EOLA DR		82 Street Add		Iress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801		83					
		84 City	FL	85 Zip Code			
	202 0500 1007 1500 Et 14- 01-1 1-			changing its registered			

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 pointed name of registered agent and little if applica-	able. (NOTE, R	egistered Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
nn.E	DPS	☐ DELETE	1.1 TITLE		Change	[] Addition	
NAME	MORO, PAOLO		12 NAME				
STREET ADDRESS	45 MARESFIELD GARDENS		1.3 STREET ADDRESS				
CITY-ST-ZIP	HAMPSTEAD NW3 5TE ENGLAND	_	1.4 CITY-ST-ZIP				
TITLE	DVPT	☐ DELETE	2.1 TITLE			[]] Addition	
NAME .	GANNA, RODOLFO		2.2 NAME				
STREET ADDRESS	IDI IO DONE OTE 474		2.3 STREET ADDRESS	7680 UNIVERSAL BLYD	STE 170		
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CITY-ST-ZIP				
TITLE	AS	DELETE	3.1 TITLE		Change	[] Addition	
NAME	LANDGON, WILLIAM		3.2 NAME		_		
STREET ADDRESS	7680 REPUBLIC DRIVE STE. 170		3.3 STREET ADDRESS	TESO UNIVERSAL BLVD	STE 170		
CITY-ST-ZIP	ORLANDO FL 32819		3.4. CITY-ST-ZIP				
mre		☐ DELETE	4.1 TITLE		☐ Change	[] Addition	
VAME			4.2 NAME			ĺ	
STREET ADDRESS			4 3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
771 L		☐ DELETE	5.1 TITLE		☐ Change	[] Addition	
			5.2 NAME			ĺ	
THEE I ADDRESS			5.3 STREET ADDRESS			ŀ	
ST-ZIP			5.4 CITY+ST-ZIP		_		
IILE		☐ DELETE	ò.1 TITLÉ		Change	[] Addition	
			6.2 NAME			Į	
JONES ADDRESS			63 STREET ADDRESS				
HIY-ST-ZIP			6.4 CITY- ST-ZIP				

14. Thereby 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 changel, or on an attachment with an address, with all other like empowered.

BIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999

(407)370-2900

CR2E034 (11/98)