

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**FILED**

99 DEC -6 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S10320 1. Corporation Name SDS SYSTEMS, INC.		

Principal Place of Business Mailing Address
 4995 N.W. 72nd Avenue, Suite 403
 Miami, Florida 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10741 SW 154 ST		28 Suite, Apt. #, etc		10/31/90	
22 City & State		27 City & State		4. FEI Number	
23 Miami, Florida		26		65-0226911	
24 33157		29 Dade		5. Certificate of Status Desired ☐	
				58.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐	
				55.00 May Be Added to Fees	
				7. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Ernesto J. Quant 12109 SW 72 Terrace Miami, FL 33183		91 Name ZISKIND & ARVIN, P.A. 92 Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVENUE - SUITE 400 93 94 City MIAMI	

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0905, Florida Statutes.

SIGNATURE *Ernesto J. Quant* *Katherine Harris*
 Signature, typed or printed name of registered agent and fee (if applicable) *Katherine Harris*
 (NOTE: Registered Agent Signature required when retaking)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	☒ DELETE	11 TITLE	600003070076
NAME		12 NAME	-12/14/99--01095--
STREET ADDRESS		13 STREET ADDRESS	*****61.25 *****
CITY-ST-ZIP		14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☒ DELETE	21 TITLE	
NAME	QUANT, ERNESTO J	22 NAME	
STREET ADDRESS	4995 NW 72ND AVE., STE. 403	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	24 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE	☐ DELETE	31 TITLE	DPST
NAME	MEDINA, RICARDO R	32 NAME	MEDINA, RICARDO R
STREET ADDRESS	4995 NW 72ND AVE., STE. 403	33 STREET ADDRESS	10741 SW 154 ST
CITY-ST-ZIP	MIAMI FL 33166	34 CITY-ST-ZIP	MIAMI FL 33157
TITLE	☐ DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other fees empowered.

SIGNATURE: *Katherine Harris*

SIGNATURE AND TYPE OF PRINTED NAME OF OFFICER OR DIRECTOR

Signature Photo