

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90030 002 \*\*\*150.00

DOCUMENT # F98000001369

1. Corporation Name

PACE MICRO TECHNOLOGY PLC.

Principal Place of Business

VICTORIA ROAD  
SALTAIRE, SHIPLEY  
WEST YORKSHIRE BD18 3LF  
OC

Mailing Address

VICTORIA ROAD  
SALTAIRE, SHIPLEY  
WEST YORKSHIRE BD18 3LF  
OC

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1998

4. FEI Number

98-0154794

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

ROBERTS, CLYDE

PACE MICRO TECHNOLOGY LATIN AMERICA  
14255 US HWY ONE, STE. 221 LOGERHEAD PLAZA  
JUNO BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2000 GLADES ROAD, SUITE 210

83 BOCA RATON

84 City

FLORIDA 33431 FL

85 Zip Code

33431

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
MILLER, MALCOLM M  
WINTON HOUSE, THE AVENUE, RIDELETT  
HERTFORDSHIRE WD7 7DW ENGLAND

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
MORGAN, PETER W  
CLEEVES, WYDOWN RD., HASELMERE  
SURREY, GU27 1DT, ENGLAND

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOOD, DAVID R  
MANBY-BARN, HAWKSWICK, LITTONDALE  
SKIPTON BD23 5QA ENGLAND

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FLEMING, ROBERT A  
BRANDON HALL, TARN LANE, LEEDS  
W. YORKSHIRE LS17 9JQ ENGLAND

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DYSON, JOHN H  
BODALAIR, SANDEORD LANE, HURST  
BERKSHIRE RG10 0SU ENGLAND

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BARNES, STEPHEN M  
14 DUCHY RD., HARROGATE  
N. YORKSHIRE HG1 2EP ENGLAND

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
RISDON, KURT P  
171, ALLERTON ROAD, ALLERTON  
BRADFORD BD15 7AB ENGLAND

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
CURTIS, TIM M  
STREET FARMHOUSE, VERNHAM STREET,  
ANDOVER SP11 0EL ENGLAND

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
D  
LAMBOURNE, BOB E  
CAMPDEN HOUSE, BURLEY,  
HAMPSHIRE, BH24 4BU ENGLAND

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16 March 1999 1274537115

CR2E034 (11/98)