PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L88704

1. Corporation Name

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

04-02-1999 90050 011 ***150.00

R.A. LTC). SYSTEMS INC.						
Principal Plac	o of Business	Mailing Address				/	
8357 WEST FLAGLER STREET #133 8357 WEST FLAGLER STRE MIAMI FL 33144 MIAMI FL 33144				#133 DO NOT WRITE IN THIS SPACE			
	•				3. Date Incorporated or Qualifed	110 OI ACL	
					07/09/1990		1
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21					65-0205961	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22 27			<u>- · </u>			Fee Rec	·
City & State City & S					6. Election Campaign Financing	\$5.00	
Zip	Zip	Country		Trust Fund Contribution	Added to	rees	
24	Country 25	29	30	.,	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Cur		1301		10. Name and Address of New Registere		
1			1	B1 Name			
ARNAIZ, RICARDO				32 Street Add	ress (P.O. Box Number is Not Acceptable)	·	
13717 S.W. 21 TERR			[Olicet Add			i
MIAI	MI FL 33175		[4	83			
			- -	B4 City		85 Zip C	Code
			}	1		'L a	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obtains the control of	0502 and 607.1508, Florida Stati ate of Florida. Such change was igations of, Section 607.0505, F	utes, the abo authorized I lorida Statut	ove-named corp by the corporations.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its i pointment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered	ecent and title if unnlinehile (NO)	TE: Registered A	gent signature require	ed when reinstating) DATE		}
12.		AND DIRECTORS	13.	30.1.0	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 ™⊔	E		☐ Change	Addition
NAME	ARNAIZ, RICARDO		1.2 NAM	IE			•
STREET ADDRESS	RESS 13717 S.W. 21 TERR		-1.3 STR	EET ADDRESS			1
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	2.1 TITL	E		☐ Change	☐ Addition
NAME			2.2 NAM	16			1
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP			_	Y-ST-ZIP	·		
TITLE		☐ DELETE	3.1 TITL	1		Change	☐ Addition i
NAME			32 NAM	-			
STREET ADDRESS				EET AODRESS	:		
CITY-ST-ZIP		☐ DELETE	3.4. CIT	Y-ST-ZIP		☐ Change	Addition
TITLE		, Deterie	4.1 ME				
NAME STREET ADDRESS	r i			EET ADDRESS			
CITY-ST-ZIP	1			-ST-ZIP			
TITLE	· .	☐ DELETE	5.1 TITL			Change	☐ Addition
NAME			5.2 NAM	I	•	·= •	
STREET ADDRESS	;		5.3 STR	EET ADORESS	•	•	}
CITY+ST-ZiP			5.4 CITY	'-ST-ZIP			
TITLE		☐ DELETE	6.1 TTTL	E		Change	Addition
NAME			6.2 NAM	E			
STREET ADDRESS 6.			6.3 STR	EET ADDRESS		,	
CITY OT 7ID			64 CITY	'-ST-7IP)

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 truetee 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 abachment with an address, with all other like empowered.

SIGNATURE: