Hi-Tech System Solutions, INC				INC	TAS 0	v
Principal Place of Business Mailing Address		Mailing Address			ب— لناسا	व्याक्षिकी
7951 SW 40 ST. #206 Miami, FL 93155					SEP 21 PH CRETARY OF LAHASSEE F	
Principal Place of Business 3. Mailing Address					F S1	TO THE STATE OF TH
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WHITE IN THIS SE	ACE
City & State		City & State		4. FEI Number	- Andrew Control of the Control of t	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Si		8.75 Additional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
0.J. Diaz 7951 SW 40 ST. #206 Hiami, FL 33155				Name Street Address (P.O. Box Number is Not Acceptable)		
Hiami, FC 33155			City		FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE S \$ 150.00						
11. OFFICERS AND DIRECTORS 12.			12.	ADDITIONS/CHA	NGES TO OFFICERS AND D	
ITTLE PE	D. T. DIAZ	Delete Delete	TITLE			☐ Change ☐ Addition S

11 TITE NAME MIAMI, FT. 3315J STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP the polition TITLE Delete TITLE ****150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplied ental reports 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 of movement with an addyssy with all other time empowered.

SIGNATURE:

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 100000113288

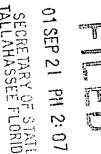
1. Entity Name

Date Daytime Phone ₩

Hi-Tech System Solutions, IX DOC. # POBODO 11 3288

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:



ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

PRESIDENT