FILE NOW: FILING FEE AND LATE FEE APPLIED

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**May 07 1997 8:00am**
**Secretary of State**

DOCUMENT # **P93000038185 (3)**

1. Corporation Name

**BUSINESS TECHNOLOGY SERVICES, INC.**

[redacted]

| Principal Place of Business | Mailing Address |
|---|---|
| 1101 BRICKELL AVE<br>#505<br>MIAMI FL 33131 | 1101 BRICKELL AVE<br>#505<br>MIAMI FL 33131 |

3. Date Incorporated or Qualified: 05/27/1993
3a. Date of Last Report: 10/09/1995

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 444 Brickell Avenue | 26 601 Brickell Key Dr. |
| Suite, Apt. #, etc.<br>22 230 | Suite, Apt. #, etc.<br>27 705 |
| City & State<br>23 Miami Fl | City & State<br>28 Miami FL |
| Zip / Country<br>24 33131 / 25 USA | Zip / Country<br>29 33131 / 30 USA |

4. FEI Number: 65-0423983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OLLOQUI, RAFAEL D
905 S BAYSHORE DR
STE 1827
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: LEONCIO E. de la PEÑA
82 Street Address (P.O. Box Number is Not Acceptable): 601 BRICKELL KEY Drive
83 Suite 705
84 City: Miami FL 85 Zip Code: 33131

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] LEONCIO E. de la PEÑA DATE: 4/29/97
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>OLLOQUI, RICARDO<br>905 SOUTH BAYSHORE DRIVE #1827<br>MIAMI FL 33131 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addit |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>OLLOQUI, RAFAEL D<br>905 SOUTH BAYSHORE DRIVE #1827<br>MIAMI FL 33131 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addit |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>OLLOQUI, MARIA JESUS D<br>905 SOUTH BAYSHORE DRIVE #1827<br>MIAMI FL 33131 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addit |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addit |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addit |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addit |

4/29/97

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** [signature] 4/29/97 305/377-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137589