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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90032 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000038185

1. Corporation Name
BUSINESS TECHNOLOGY SERVICES, INC.

Principal Place of Business
**444 BRICKELL AVENUE
230
MIAMI FL 33131**

Mailing Address
**601 BRICKELL KEY DRIVE
SUITE 705
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1993

4. FEI Number

65-0423383

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 444 BRICKELL AVENUE

2a. Mailing Address

26 444 BRICKELL AVENUE

Suite, Apt. #, etc.

22 SUITE 250

Suite, Apt. #, etc.

27 SUITE 250

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33131

Country

25 U.S.

Zip

29 33131

Country

30 U.S.

9. Name and Address of Current Registered Agent

**DE LA PENNA, LEONCIO E
601 BRICKELL KEY DRIVE
SUITE 705
MIAMI FL 33131**

81 Name

RAFAEL OLLOQUI DOMINGUEZ

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

444 BRICKELL AVENUE, SUITE 250

83

84 City

MIAMI

FL

85 Zip Code
33131

10. Name and Address of New Registered Agent

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

RAFAEL OLLOQUI DOMINGUEZ, PRESIDENT

4/28/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE
NAME **OLLOQUI, RICARDO**
STREET ADDRESS **905 SOUTH BAYSHORE DRIVE #1827**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PD** ☐ DELETE
NAME **OLLOQUI, RAFAEL D**
STREET ADDRESS **905 SOUTH BAYSHORE DRIVE #1827**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VD** ☒ DELETE
NAME **OLLOQUI, MARIA JESUS D**
STREET ADDRESS **905 SOUTH BAYSHORE DRIVE #1827**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **AS** ☒ DELETE
NAME **BAJANDAS, RICARDO**
STREET ADDRESS **601 BRICKELL KEY DR #705**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **AS** ☐ Change ☒ Addition
1.2 NAME **LEONCIO E. DE LA PENNA**
1.3 STREET ADDRESS **601 BRICKELL KEY DRIVE, SUITE 705**
1.4 CITY-ST-ZIP **MIAMI, FL 33131**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

LEONCIO E. DE LA PENNA

4/28/99

(305) 377-0818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0188879