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**May 08, 1999 8:00 am**  
**Secretary of State**

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02/18/74

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000015111

1. Corporation Name  
**OTS INTERNATIONAL, INC.**



Principal Place of Business

1521 CATALONIA AVE  
 CORAL GABLES FL 33134  
 US

Mailing Address

1521 CATALONIA AVE  
 CORAL GABLES FL 33134  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1995

2. Principal Place of Business

21 4310 SANTA MARIA ST

2a. Mailing Address

26 4310 SANTA MARIA ST

4. FEI Number  
 65-0578360

Applied For  
 Not Applicable

Suite, Apt. #, etc.

22 CORAL GABLES, FL.

Suite, Apt. #, etc.

27 CORAL GABLES, FL.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State

23 33146 DADE

City & State

28 33146 DADE

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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  DELETE

NAME PV  
 ILIFFE, STUART B  
 STREET ADDRESS 1521 CATALONIA AVE  
 CITY-ST-ZIP CORAL GABLES FL

TITLE  DELETE

NAME ST  
 ILIFFE, NANCY L  
 STREET ADDRESS 1521 CATALONIA AVE  
 CITY-ST-ZIP CORAL GABLES FL

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS 4310 SANTA MARIA ST  
 1.4 CITY-ST-ZIP CORAL GABLES, FL 33146

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS 4310 SANTA MARIA ST  
 2.4 CITY-ST-ZIP CORAL GABLES FL 33146

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:

*Stuart B. Iliffe* STUART B. ILIFFE 4/25/99 305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)