

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000006943 (0)
1. Corporation Name
LTS SYSTEMS, INC.



Principal Place of Business 550 NW 82 COURT., #388 MIAMI FL 33126	Mailing Address 550 NW 82 COURT., #388 MIAMI FL 33126
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9371 FOUNTAINBLEAU BLVD. Suite, Apt. #, etc. 22 I-120 City & State 23 MIAMI, FL Zip 24 33172		2a. Mailing Address 26 SAME NEW ADDRESS. Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 U.S.A.		3. Date Incorporated or Qualified 01/23/1996 4. FEI Number 65-0652668 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
---	--	---	--	---	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCHO NOGUEIRA, RAFAEL
550 NW 82 COURT., #388
MIAMI FL 33126

81 Name	LUCHO NOGUEIRA, RAFAEL
82 Street Address (P.O. Box Number is Not Acceptable)	9371 FOUNTAINBLEAU BLVD.
83	I-120
84 City	MIAMI
85 Zip Code	FL 33172

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	LUCHO, OSVALDO A JR	1.2 NAME	LUCHO, OSVALDO A JR.
STREET ADDRESS	550 NW 82 CT., #388	1.3 STREET ADDRESS	9371 FOUNTAINBLEAU BLVD I-120
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	S	2.1 TITLE	S
NAME	LUCHO NOGUEIRA, RAFAEL	2.2 NAME	LUCHO NOGUEIRA, RAFAEL
STREET ADDRESS	550 NW 82 COURT., #388	2.3 STREET ADDRESS	9371 FOUNTAINBLEAU BLVD. I-120
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: ✓

[Signature]

✓ (305) 223-8698

CR2E034 (10/97)