



**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90179 037 \*\*\*\*\*8.75

06-19-1999 90001 014 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P96000006943</b> 1. Corporation Name <b>LTS SYSTEMS, INC.</b>			
Principal Place of Business 9371 FOUNTAINBLEAU BLVD 1120 MIAMI FL 33172 US		Mailing Address 9371 FOUNTAINBLEAU BLVD 1120 MIAMI FL 33172 US	
2. Principal Place of Business 21 <b>8038 NW 66 ST</b>		2a. Mailing Address 28 <b>8038 NW 66 ST</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <b>MIAMI FL</b>		City & State 28 <b>MIAMI FL</b>	
Zip 24 <b>33166</b>		Zip 29 <b>33166</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>LUCHO NOGUEIRA, RAFAEL</b> <b>9371 FOUNTAINBLEAU BLVD</b> <b>1120</b> <b>MIAMI FL 33172</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 		DATE <b>01-25-99</b>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b> NAME <b>LUCHO, OSVALDO A JR</b> STREET ADDRESS <b>9371 FOUNTAINBLEAU BLVD 1120</b> CITY-ST-ZIP <b>MIAMI FL 33172</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>LUCHO NOGUEIRA, RAFAEL</b> STREET ADDRESS <b>9371 FOUNTAINBLEAU BLVD 1120</b> CITY-ST-ZIP <b>MIAMI FL 33172</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

01-25-99

305 4369615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)