03021999-90179-037-$8.75-$8.75

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 JUL 30 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000006943

1. Corporation Name
LTS SYSTEMS, INC.

Principal Place of Business	Mailing Address
9371 FOUNTAINBLEAU BLVD 1120 MIAMI FL 33172 US	9371 FOUNTAINBLEAU BLVD 1120 MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8056 NW 66 ST	2a. Mailing Address 26 8056 NW 66 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33166 25 USA	Zip / Country 29 33166 30 USA

3. Date Incorporated or Qualified: 01/23/1996
4. FEI Number: 65-0652668 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUCHO NOGUEIRA, RAFAEL 9371 FOUNTAINBLEAU BLVD 1120 MIAMI FL 33172	81 Name: OSVALDO A. LUCHO JR. 82 Street Address (P.O. Box Number is Not Acceptable): 8038 NW 66 ST 83 84 City: MIAMI FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] 01-25-99
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	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LUCHO, OSVALDO A JR		1.2 NAME	Lucho, Osvaldo A Sr	
STREET ADDRESS	9371 FOUNTAINBLEAU BLVD 1120		1.3 STREET ADDRESS	8038 NW 66 ST	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LUCHO NOGUEIRA, RAFAEL		2.2 NAME		
STREET ADDRESS	9371 FOUNTAINBLEAU BLVD 1120		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: [signature] REQUIRED 01-25-99 305 4369615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/16/99