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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

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

618340 - 90002 - 34

DOCUMENT #
1. Corporation Name: INDUSTRIAL TRACKING SYSTEMS, INC
P96000055125

Principal Place of Business	Mailing Address
330 SW 187 AVE PEMBROKE PINES, FL 33029	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 330 SW 187 AVE 22: Suite, Apt. #, etc. 23: City & State: Pembroke Pines - FL 24: Zip: 33029 25: Country: USA	2a. Mailing Address 28: 330 SW 187 Ave 27: Suite, Apt. #, etc. 28: City & State: Pembroke Pines, FL 29: Zip: 33029 30: Country: USA
3. Date Incorporated or Qualified: 6/26/96	
4. FEI Number: 65-0685690	☐ 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
UNKNOWN	81 Name: RAIMUNDO FERNANDEZ 82 Street Address (P.O. Box Number is Not Acceptable): 330 SW 187 Ave 83: 84 City: PEMBROKE PINES FL 85 Zip Code: 33029

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: RAIMUNDO FERNANDEZ (SECRETARY) DATE: 8/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT TIMOTHY HART	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT CARLOS LOPEZ 9120 SW 68 ST MIAMI - FL 33173	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P., SECRETARY JOSE FUNDORA 18995 NW 62 AVE #202 MIAMI - FL 33015	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT JOSE FUNDORA 18995 NW 62 AVE #202 MIAMI - FL 33015	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY RAIMUNDO FERNANDEZ 330 SW 187 AVE PEMBROKE PINES, FL 33029	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: CARLOS LOPEZ — 8/4/99 — (954) 447-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #