FILED

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000011882 1. Corporation Name

M.T.S.- ONE. INC.

Principal Place of Business Mailing Address 18151 N.E. 31ST COURT 18151 N.E. 31ST COURT APT 312 **APT 312** DO NOT WRITE IN THIS SPACE N MIAMI BEACH FL 33160 N MIAMI BEACH FL 33160 3. Date Incorporated or Qualifed 02/04/1997 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0725565 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This or rporation owes the current year intangible ☐ Yes 29 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEVINE, HARRIET E Street Acdress (P.O. Box Number is Not Acceptable) 82 18151 N.E. 31ST COURT **APT 312** 83 N MIAMI BEACH FL 33160 84 City 85 Zip Code 11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bolh, in the State of Florida. Such change was authorized by the corporation's board of circutors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed na ne of registered agent and title if applicable (NOT): Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition ☐ Change TITLE DELETE 1.1 TITLE LEVINE. HARRIET 1.2 NAME NAME 18151 NE 31ST COURT, APT 312 1.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 33160 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS

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 addition, with a lother like empowered. Block 12 or Block 13 if changed or

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NING OFFICEF OR DIRECTOR

☐ DELETE

☐ DELETE

4/23/99 305-936-0032

Change

Change

☐ Addition

Addition

CR2E034 (11/98)