CR2E034 (11/98)

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90196 013 \*\*\*150.00

FROFIT **CERPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000072587

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

ITS - IMAGING TOTAL SOLUTION, INC.

Principal Place of Business   Mailing Address   3687 NW 15 ST   LAUDERHILL FL 33311   DO NOT WRITE IN THIS SPACE   3. Date I icorporated or Qualifed   08/2 1/1997	3687 NW 15 ST LAUDERHILL FL 33311  DO NOT WRITE IN THIS SPACE  3. Date I corporated or Qualifed  08/2 1/1997	, , ,
LAUDERHILL FL 33311  LAUDERHILL FL 33311  DO NOT WRITE IN THIS SPACE  3. Date I recorporated or Qualifed O8/2 1/1997  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0781992 Not Applied  Suite, Apt. #, etc. 5. Certificate of Status Desired 55. Addition Fee Required  City & State City & State City & State City & State 28  Zip Country Zip Country Zip Country 29 30 Persor at Property Tax.	DO NOT WRITE IN THIS SPACE  3. Date I corporated or Qualifed  08/21/1997	
DO NOT WRITE IN THIS SPACE  3. Date I icorporated or Qualified  08/2 1/1997  2. Principal Place of Business  2a. Mailing Address  25	DO NOT WRITE IN THIS SPACE  3. Date I corporated or Qualifed  08/2 1/1997	
3. Date I corporated or Qualifed 08/2 1/1997  2. Principal Place of Business 2a. Mailing Address 26	3. Date I corporated or Qualifed 08/2 1/1997	
2a. Mailing Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Courtry  Zip  Country  Suite Agent  Person al Property Tax.  9. Name and Address of Current  BACELLAR, PAULO R.A.  3687 NW 15 ST  LAUDERHILL FL 33311  2a. Mailing Address  2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  BACELLAR, PAULO R.A.  3687 NW 15 ST  LAUDERHILL FL 33311  2a. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifc ate of Status Desired  Fee Requirer  5. Certifc ate of Status Desired  Fee Requirer  6. Election Campaign Financing Trust F und Contribution Added to Fee  Added to Fee  Trust F und Contribution Added to Fee  Added to Fee  Tournty  10. Name and Address of New Registere d Agent  81 Name  82 Street Ac dress (P.O. Box Number is Not Acceptable)  83 Street Ac dress (P.O. Box Number is Not Acceptable)  FL 85 Zip C ode		
2a. Mailing Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Courtry  Zip  Country  Suite Agent  Person al Property Tax.  9. Name and Address of Current  BACELLAR, PAULO R.A.  3687 NW 15 ST  LAUDERHILL FL 33311  2a. Mailing Address  2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  BACELLAR, PAULO R.A.  3687 NW 15 ST  LAUDERHILL FL 33311  2a. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifc ate of Status Desired  Fee Requirer  5. Certifc ate of Status Desired  Fee Requirer  6. Election Campaign Financing Trust F und Contribution Added to Fee  Added to Fee  Trust F und Contribution Added to Fee  Added to Fee  Tournty  10. Name and Address of New Registere d Agent  81 Name  82 Street Ac dress (P.O. Box Number is Not Acceptable)  83 Street Ac dress (P.O. Box Number is Not Acceptable)  FL 85 Zip C ode		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   27		or
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,	26 65-0781992 Not Appl	cable
City & State  Country  Added to Fee  Country  8. This corporation owes the current year intangible Persor all Property Tax.  Yes Not  9. Name and Address of Current Registered Agent  BACELLAR, PAULO R.A.  3687 NW 15 ST  LAUDERHILL FL 33311  83  Add City  FL 85 Zip Code  Add City  FL 85 Zip Code	E Cortifo at a of Statue Degree	ıal
28 Trust Fund Contribution Added to Fee  Zip Country 8. This corporation owes the current year intengible  Persor at Property Tax. Yes No.  9. Name and Address of Current  BACELLAR, PAULO R.A.  3687 NW 15 ST  LAUDERHILL FL 33311  83  Trust Fund Contribution Added to Fee  Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Ac dress (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code		
Zip Country Zip Country 8. This corporation owes the current year intangible Persor at Property Tax. Yes No.  9. Name and Address of Current Registered Agent  BACELLAR, PAULO R.A. 3687 NW 15 ST LAUDERHILL FL 33311  83  64 City FL 85 Zip C xide  Added to Fee Trust F und Contribution Added to Fee Added to Fee Added to Fee Trust F und Contribution Added to Fee Added to Fee Added to Fee Trust F und Contribution Added to Fee Added to Fee Trust F und Contribution Added to Fee Added to Fee Trust F und Contribution Ones The Contribution Added to Fee Trust F und Contribution Ones The Contribution Ones		
24 25 29 30 Persor al Property Tax. Yes No.  9. Name and Address of Current Registered Agent  BACELLAR, PAULO R.A. 3687 NW 15 ST LAUDERHILL FL 33311  83 Street Ac dress (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip C 3de	28 Trust Fund Contribution Added to Fee	
9. Name and Address of Current Registered Agent  BACELLAR, PAULO R.A.  3687 NW 15 ST  LAUDERHILL FL 33311  84 City  FL 85 Zip C 3de  And Purpose of Sections 607 0502 and 607 1508. Florida Statutes the above-named corporation submits this statement for the purpose of Changing its ragist		
BACELLAR, PAULO R.A.  3687 NW 15 ST  LAUDERHILL FL 33311  81 Name  82 Street Acdress (P.O. Box Number is Not Acceptable)  83 Street Acdress (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip C. de	, 23	
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3687 NW 15 ST LAUDERHILL FL 33311  82 Street Ac dress (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip C ide  14 Purpose to the provisions of Scribons 607 0502 and 607 1508. Florida Statutes the above-named composation submits this statement for the purpose of changing its radial		
LAUDERHILL FL 33311  83  84 City  FL 85 Zip Code  A4 Purpose to the provisions of Scrippe 607 0503 and 607 1508 Elevida Statutes the above-named corporation submits this statement for the purpose of changing its radial	82 Street Acdress (P.O. Box Number is Not Acceptable)	
84 City FL 85 Zip Code  A4 Pursuant to the provisions of Scations 607 0502 and 607 1508. Elevida Statutes the above-named corporation submits this statement for the purpose of changing its radial	33311	
FL 1		
44. Durange to the provisions of Screene 607 0502 and 607 1508. Elevida Statutes the above-named correction submits this statement for the purpose of changing its radist	84 City 85 Zip Code	
agent.   am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, upped or printed naile of registered agent and title if applicable (NOT): Registered Agent signature required when reinstating)  DATE	and accept the obligations of, Section 607.0505, Florida Statutes.	_
organization, system or printed and state of the state of		12
		ddition
NAME BACELLAR, PAULO R.A. 12 NAME	PAULO R.A. 12 NAME	
STREET ADDRESS 5453 NW 106 DR 1.3 STREET ADDRESS		
CITY-ST-ZIP CORAL SPRINGS FL 33067 1.4 CITY-ST-ZIP	RINGS FL 33067 1.4 CITY-ST-ZIP	
		Addition
NAME NUNES, RENALDO P 22 NAME	NALDO P 22 NAME	-Juille
STREET ADDRESS RUA DA ASSEMBLEIA, 10 GR 4401 23 STREET ADDRESS	SEMBLEIA, 10 GR 4401 23 STREET ADDRESS	-Juillott
CITY-ST-ZIP RIO DE JANEIRO, RJ, BRAZIL 2 4 CITY-ST-ZIP	VEIRO, R.J. BRAZIL 2 4 CITY-ST-ZIP	-walloff
TITLE DELETE 3.1 TITLE Change		
		addition
NAME 32 NAME	☐ DELETE 3.1 TITLE ☐ Change ☐	
#i.	☐ DELETE 3.1 TITLE ☐ Change ☐.  32 NAME	
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NAME	DELETE   3.1 TITLE     Change	

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with his 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 uncer oath; that I a n an officer or director of the corporation or the receiver at trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that rip name appears in Block 12 or Block 13 if changed, or or an attriction with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR