

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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90027 041 ***150.00

DOCUMENT # P98000044310 ✓
1. Corporation Name
TARGET SYSTEMS CORPORATION

Principal Place of Business
905 BRICKELL BAY DR #1831
MIAMI, FL 33131
US

Mailing Address
905 BRICKELL BAY DR #1831
MIAMI, FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05-15-1998

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 7667 WEST SAMPLE ROAD
27 Suite, Apt. #, etc.
27 #239
28 City & State
28 CORAL SPRINGS, FL
29 Zip Country
29 33065 30 US

4. FEI Number
65-0835543

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

RABENSEIFNER, HANNA
905 BRICKELL BAY DR #1831
MIAMI, FL 33131
US

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 *Hanna Rabenseifner* 3/7/1999
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
NAME PEREIRA, MARIO J. G.
STREET ADDRESS 905 BRICKELL BAY DR. #1831
CITY-ST-ZIP MIAMI, FL 33131 - 03

TITLE V ☐ DELETE
NAME ALVES, MARCOS A. F.
STREET ADDRESS 905 BRICKELL BAY DR. #1831
CITY-ST-ZIP MIAMI, FL 33131 - 03

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME PEREIRA, MARIO J. G.
1.3 STREET ADDRESS 7667 WEST SAMPLE ROAD #239
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME ALVES, MARCOS A. F.
2.3 STREET ADDRESS 7667 WEST SAMPLE ROAD #239
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Alan J. S. [Signature]* 15/03/1999
Signature, typed or printed name of signing officer or director

Date Daytime Phone # (954) 255 8619

CR2E034 (11/98)