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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 # P98000070515

1. Corporation Name

H.S.T. SYSTEMS AND TECHNOLOGY, INC.

Principal Place	e of Business	Mailing Address				t 100tille itm imtel fofet best antit be)(11 0 011+ 100+1 00101 01	147 11401 0117 1001
501 BRICKELL KEY DRIVE STE 507 MIAMI FL 33131 501 BRICKELL KEY DRIVE ST MIAMI FL 33131			E 507			DO NOT WRITE I	N THIS SPACE	_
						3. Date Incorporated or Qualifed 08/12/1998		
2. Principal Pi	face of Business	2a. Mailing Address 26				4. FEI Number 65-0862410	↑	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	, , , , , ,	Additional Required
City & Stat	е	City & State				Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip 24	Country 25	Zip C	ountry			This corporation owes the current Personal Property Tax.	☐ Yes	l X No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regi	stered Agent	
			81	Name				
JACHTCHENEO, DANIEL 501 BRICKELL KEY DRIVE STE 507			82	Street	t Address (P.O. Box Number is Not Acceptable)			
MIAN	MI FL 33131		83					
			84	City			FL 85 Zi	ρ 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
	Signature, typed or printed name of registered age			nt signature r	required wh	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
12.	OFFICERS AF		3. 1 TITLE		_		Chang	
TITLE	IACHTOUTNOO CEDOIO		2 NAME		$ \mathbf{P}_{\mathbf{f}}$	LESIDENT_	/-	_
NAME	JACHTCHENCO, SERGIO 501 BRICKELL KEY DRIVE STI			TADORE\$S	5	AME AS BEF	© ₽ ₽	ì
STREET ADDRESS						-		1
CITY-ST-ZIP	MIAMI FL 33131		4 CITY-S 1 TITLE	I-ZIP	D.,	rector -	☐ Chang	e XAddition
TITLE			NAME 3			ACHTCHENCO DAI DIBRICKELL KEY I	NIEL	
NAME				TADDRESS		BRICKELL KEY I	PLIVE	
STREET ADDRESS			4 CITY-		N	1AMI, FL 33131		
CITY-ST-ZIP			1 TITLE	31-21	1 -1	TARCIT I	☐ Chang	pe Addition
NAME		<u> </u>	2 NAME	1	1			
STREET ADDRESS				T ADDRESS				,
CITY-ST-ZIP			4. CITY-5					
TITLE			1 TITLE		ļ		☐ Chang	e Addition
NAME		4	2 NAME					
STREET ADDRESS		4	3 STREE	T ADDRESS				
CITY-ST-ZIP			4 CITY-S					!
TITLE			1 TITLE				☐ Chang	ge Addition
NAME		5	2 NAME					
STREET ADDRESS		5	3 STREE	T ADDRESS				
CITY-ST-ZIP		5	4 CITY-5	T-ZIP				
TITLE		☐ DELETE 6	1 TITLE		1		☐ Chang	ge 🔲 Addition
NAME		6	2 NAME					
STREET ADDRESS		6	3 STREE	TADDRE\$\$				

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 ap-attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP