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
99 DEC -6 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S10320

1. Corporation Name

SDS SYSTEMS, INC.

Principal Place of Business / Mailing Address

4995 N.W. 72nd Avenue, Suite 403
Miami, Florida 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/90

2. Principal Place of Business
21 10741 SW 154 ST
22 Suite, Apt. #, etc.
23 City & State: Miami, Florida
24 Zip: 33157 25 Country: Dade

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 65-0226911 ☐ 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

7. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

Ernesto J. Quant
12109 SW 72 Terrace
Miami, FL 33183

10. Name and Address of New Registered Agent

01 Name: ZISKIND & ARVIN, P.A.
02 Street Address (P.O. Box Number is Not Acceptable): 444 BRICKELL AVENUE - SUITE 400
03
04 City: MIAMI FL 05 Zip Code: 33131

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 _____ (DATE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	600003070076-13 -12/14/99--01095--017 *****61.25 *****61.25
TITLE: V NAME: QUANT, ERNESTO J STREET ADDRESS: 4995 NW 72ND AVE., STE. 403 CITY-ST-ZIP: MIAMI FL 33166	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: P NAME: MEDINA, RICARDO R STREET ADDRESS: 4995 NW 72ND AVE., STE. 403 CITY-ST-ZIP: MIAMI FL 33166	☐ DELETE	3.1 TITLE: DPST 3.2 NAME: MEDINA, RICARDO R 3.3 STREET ADDRESS: 10741 SW 154 ST 3.4 CITY-ST-ZIP: MIAMI FL 33157	☒ 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: SP	☐ Change ☐ Addition

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: _____ 12/3/99

(Signature and Typed or Printed Name of Individual and Capacity or Title) (Date) (Daytime Phone #)