

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90032 017 \*\*\*150.00

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000038185

1. Corporation Name  
BUSINESS TECHNOLOGY SERVICES, INC.



Principal Place of Business  
444 BRICKELL AVENUE  
230  
MIAMI FL 33131

Mailing Address  
601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1993

2. Principal Place of Business  
21 444 BRICKELL AVENUE

2a. Mailing Address  
26 444 BRICKELL AVENUE

4. FEI Number  
65-0423383

Applied For  
Not Applicable

22 SUITE 250

27 SUITE 250

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 MIAMI, FL

28 MIAMI, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33131 25 U.S.

29 33131 30 U.S.

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

DE LA PENA, LEONCIO E  
601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI FL 33131

81 Name  
RAFAEL OLLOQUI DOMINGUEZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
444 BRICKELL AVENUE, SUITE 250  
83  
84 City MIAMI FL 85 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 *[Signature]* RAFAEL OLLOQUI DOMINGUEZ, PRESIDENT 4/28/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	OLLOQUI, RICARDO	
STREET ADDRESS	905 SOUTH BAYSHORE DRIVE #1827	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OLLOQUI, RAFAEL D	
STREET ADDRESS	905 SOUTH BAYSHORE DRIVE #1827	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	OLLOQUI, MARIA JESUS D	
STREET ADDRESS	905 SOUTH BAYSHORE DRIVE #1827	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BAJANDAS, RICARDO	
STREET ADDRESS	601 BRICKELL KEY DR #705	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEONCIO E. DE LA PENA	
1.3 STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 705	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* LEONCIO E. DE LA PENA 4/28/99 (305) 377-0818  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)