

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DEPARTMENT OF CORPORATIONS

1995 <sup>31</sup> 95  
~~5-31-95~~

B-6992 C

95 MAY 31 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002084 (1)**

1. Corporation Name  
**PREMIER CASA DE SOFTWARE, S.A. DE C.V.**

Principal Place of Business	Mailing Address
HOMERO 1933, 10TH PISO COL. POLANCO C.P. 11510 MEXICO D.F. MEXICO	HOMERO 1933, 10TH PISO COL. POLANCO C.P. 11510 MEXICO D.F. MEXICO

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/21/1994	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number	Applied For
980141880	Net 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 has liability for intangible tax under S. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

**VENTURE MANAGEMENT SERVICES, INC.  
5700 SOUTHWEST 50TH TERRACE  
P.O. BOX 557092  
MIAMI FL 33155**

10. Name and Address of New Registered Agent

01. Name	05. Zip Code
02. Street Address (P.O. Box Number is Not Acceptable)	FL
03.	
04. City	

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: *Fernin Rodriguez* DATE: 5/22/95  
(NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	ESQUEDA, EDUARDO
STREET ADDRESS	HOMERO 1933 COL. POLANCO MEXICO
CITY - ST - ZIP	MEXICO
TITLE	VC
NAME	ESQUEDA, EDUARDO JR
STREET ADDRESS	HOMERO 1933 COL. POLANCO MEXICO
CITY - ST - ZIP	MEXICO
TITLE	D
NAME	MACIEL, JORGE
STREET ADDRESS	HOMERO 1933 COL. POLANCO MEXICO
CITY - ST - ZIP	MEXICO
TITLE	D
NAME	FALCON, JAIME
STREET ADDRESS	HOMERO 1933 COL. POLANCO MEXICO
CITY - ST - ZIP	MEXICO
TITLE	S
NAME	VALLEJO, LUIS VENA
STREET ADDRESS	CAMPOS ELISEDS NO 385 EDIFA PISO 11
CITY - ST - ZIP	COL PALANCO MEXICO
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ESQUEDA EDUARDO	
1.3 STREET ADDRESS	HOMERO 1933 COL. POLANCO	
1.4 CITY - ST - ZIP	MEXICO, D.F. 11510	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ESQUEDA EDUARDO, JR.	
2.3 STREET ADDRESS	HOMERO 1933 COL. POLANCO	
2.4 CITY - ST - ZIP	MEXICO, D.F. 11510	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RUIZ ESPARZA RAUL	
3.3 STREET ADDRESS	HOMERO 1933 COL. POLANCO	
3.4 CITY - ST - ZIP	MEXICO, D.F. 11510	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ESQUEDA GERARDO	
4.3 STREET ADDRESS	HOMERO 1933 COL. POLANCO	
4.4 CITY - ST - ZIP	MEXICO, D.F. 11510	
5.1 TITLE		<input type="checkbox"/> Change <input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 creator 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 in an attachment with an address.

SIGNATURE: *Eduardo Esqueda* DATE: 05/22/95 (525) 3951413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR