Mailing Address 2299 SW 37TH AVE

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

STE. 300 MIAMI FL 33145

26

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28

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1999

DYNAMIC SOFTWARE SOLUTIONS, INC.

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

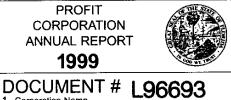
2299 SW 37TH AVE STE. 300

MIAMI FL 33145

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FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90149 037 \*\*\*150.00

## 

	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
	08/27/1990					
	4. FEI Number	Applied For				
	65-0212481	Not Applicable				
***	5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
	This corporation owes the current year Interpretation     Personal Property Tax.	tangible No				

KAUFMAN, JAMES R. 2699 SOUTH BAYSHORE DRIVE KAUFMAN ROSSIN **MIAMI FL 33133** 

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Country

9. Name and Address of Current Registered Agent

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.

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE	Registered Agent signature		DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	
TITLE	P DELETE	1.1 TITLE	Company V, S	☐ Change	Addition
NAME	KAUFMAN, PETER	1.2 NAME	Tohn KANT	ر راسمہ	
STREET ADDRESS	4110 LYBYER ST.	1.3 STREET ADDRESS	2778 DAY AU	£ #300	ł
CITY-ST-ZIP	MIAMI FL 33133	1,4 CITY-ST-ZIP	Miami FC	33145	.//
TITLE	☐ DELETE	2.1 TITLE	V. T	☐ Change	Addition
NAME		2.2 NAME	STEVE CABRETA	200 -2	<b>^</b>
STREET ADDRESS		2.3 STREET ADDRESS	14312 SW 16	3 Em St.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FC	3377	
TITLE	DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			-
STREET ADDRESS		3.3 STREET ADDRESS		•	
CITY-ST-ZIP		3.4. CITY-ST-ZIP		4	
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME		4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME	_	5.2 NAME			ì
STREET ADDRESS:		5.3 STREET ADDRESS			
i		5.4 CITY-ST-ZIP			}
CITY-ST-ZIP	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME		, <del>-</del> .	
		6.3 STREET ADDRESS		*	1
STREET ADDRESS		6.4 CITY-ST-ZIP			ļ
CITY OF 7ID		0.4 CH 17-31-ZIP		*	I

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 of 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 of the receiver of 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 an apartic three my supplementation in the receiver of trustee empowered.

SIGNATURE:

305.461.917