

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000068777 (8)  
 1. Corporation Name

COMPETITIVE EDGE SYSTEMS INC.



Principal Place of Business: 835 NW 125 STREET NORTH MIAMI FL 33168  
 Mailing Address: 835 NW 125 STREET NORTH MIAMI FL 33168

3. Date Incorporated or Qualified: 09/01/1995  
 3a. Date of Last Report  
 4. FEI Number: 65-0612818  
 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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No (PAID)

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

9. Name and Address of Current Registered Agent  
 HERNANDEZ, ALEXANDER  
 835 NW 125 STREET  
 NORTH MIAMI FL 33168

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 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.

SIGNATURE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and the Corporation (NOTE: Registered Agent signature required when not printed) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 11 TITLE  Change  Addition  
 12 NAME P/S/D/C ROLANDO HERNANDEZ  
 13 STREET ADDRESS 6512 NW 57 LN  
 14 CITY - ST - ZIP PARKLAND, FL 33067  
 21 TITLE  Change  Addition  
 22 NAME V/T/D MICHELLE M. HERNANDEZ  
 23 STREET ADDRESS 6512 NW 57 LN  
 24 CITY - ST - ZIP PARKLAND, FL 33067  
 31 TITLE  Change  Addition  
 32 NAME V ALEXANDER HERNANDEZ  
 33 STREET ADDRESS P35 NW 125 ST.  
 34 CITY - ST - ZIP NORTH MIAMI, FL 33168  
 41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY - ST - ZIP  
 51 TITLE  Change  Addition  
 52 NAME 700001859347  
 53 STREET ADDRESS -06/12/96--01022--034  
 54 CITY - ST - ZIP \*\*\*200.00  
 61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY - ST - ZIP  
 5/1/96

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 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rolando Hernandez* ROLANDO HERNANDEZ PRESIDENT JUNE 7, 1996 954-341-0140  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Office #

CR2E034 (3/96)