

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/01/1995

2. Principal Place of Business 21 5357 NW 113 PL. Suite, Apt. #, etc.	2a. Mailing Address 26 5357 NW 113 PL. Suite, Apt. #, etc.
22 City & State 23 MIAMI FL	27 City & State 28 MIAMI FL
24 Zip 33178 25 Country USA	29 Zip 33178 30 Country USA

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**

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **ROLANDO HERNANDEZ**
 82 Street Address (P.O. Box Number is Not Acceptable)
5357 NW 113 PL
 83
 84 City **MIAMI** FL 85 Zip Code **33178**

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 Rolando Hernandez **ROLANDO HERNANDEZ, PRESIDENT** **4-10-98**
Signature, typed or printed name of registered agent and to be applicable (NCH) Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PSDC	<input type="checkbox"/>
NAME	HERNANDEZ, ROLANDO	
STREET ADDRESS	6512 NW 57 LANE	
CITY-ST-ZIP	PARLAND FL 33067	
TITLE	VTD	<input type="checkbox"/>
NAME	HERNANDEZ, MICHELLE M.	
STREET ADDRESS	6512 NW 57 LANE	
CITY-ST-ZIP	PARLAND FL 33067	
TITLE	V	<input type="checkbox"/>
NAME	HERNANDEZ, ALEXANDER	
STREET ADDRESS	835 NW 125 ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	5357 NW 113 PL		
1.4 CITY-ST-ZIP	MIAMI FL 33178		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS	5357 NW 113 PL.		
2.4 CITY-ST-ZIP	MIAMI FL 33178		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE Rolando Hernandez **ROLANDO HERNANDEZ** **4-10-98** **305 994 0650**

CR2E034 (10/97)