

**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

**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**

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.  
 22  
 City & State  
 23 **MIAMI FL**  
 Zip Country  
 24 **33178 USA**

2a. Mailing Address  
 26 **5357 NW 113 PL.**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **MIAMI FL**  
 Zip Country  
 29 **33178 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

TITLE	<b>PSDC</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, ROLANDO</b>	
STREET ADDRESS	<b>6512 NW 57 LANE</b>	
CITY-ST-ZIP	<b>PARLAND FL 33067</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, MICHELLE M.</b>	
STREET ADDRESS	<b>6512 NW 57 LANE</b>	
CITY-ST-ZIP	<b>PARLAND FL 33067</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, ALEXANDER</b>	
STREET ADDRESS	<b>835 NW 125 ST.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33168</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5357 NW 113 PL</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33178</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>5357 NW 113 PL.</b>
2.4 CITY-ST-ZIP	<b>MIAMI FL 33178</b>
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 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.

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

CR2E034 (10/97)