

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **421966** (3)
1. Corporation Name
SOFTWARELAND, INC.

Principal Place of Business
**3300 BISCAYNE BLVD.
#B-1
MIAMI FL 33137-3834**

Mailing Address
**3300 BISCAYNE BLVD.
#B-1
MIAMI FL 33137-3834**

FILED
Jul 22 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1973

4. FEI Number

59-1460949

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

2. Principal Place of Business

21 **413 BLUE ROAD**

Suite, Apt. #, etc.

22

City & State

23 **CORAL GABLES, FL**

Zip

24 **33146**

Country

25 **USA**

2a. Mailing Address

26 **413 BLUE ROAD**

Suite, Apt. #, etc.

27

City & State

28 **CORAL GABLES, FL**

Zip

29 **33146**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CABANAS, ANA
3300 BISCAYNE BLVD
#B1
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

413 BLUE ROAD

83

84 City

CORAL GABLES

FL

85 Zip Code

33146

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**ST
RIBAS, JORGE
505 NW 72ND AVE #103
MIAMI FL**

TITLE NAME ☐ DELETE

**P/D
CABANAS, ANA
3300 BISCAYNE BLVD. #B1
MIAMI FL**

TITLE NAME ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Ana Cabanas** QUINERO

7/1/98 1305X668-5925

CR2E034 (5/98)