2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M12533

1. Entity Name
AMERICAS SOFTWARE CORPORATION

Principal Place of Business	Mailing Address
550 BRICKELL AVE STE. 503 MIAMI, FL 33131 US	550 BRICKELL AVE STE. 503 MIAMI, FL 33131 US

2. Principal Place of Business
222 SW 15 Road
Suite, Apt. #, etc.

3. Mailing Address
222 SW 15 Road
Suite, Apt. #, etc.

City & State: Miami, FL
Zip: 33129 Country: U.S.A

City & State: Miami, FL
Zip: 33129 Country: U.S.A

4. FEI Number
65-0037930
Applied For ☐
Not Applicable ☐

02052004   Chg-P   CR2E034 (10/03)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
DALY, JOHN 550 BRICKELL AVE. STE. 503 MIAMI, FL 33131 address change ONLY→	Name Street Address (P.O. Box Number is Not Acceptable) 222 SW 15 Road City Miami FL Zip Code 33129

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DALY, JOHN STREET ADDRESS 550 BRICKELL AVE, STE 503 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete	TITLE P NAME John Daly STREET ADDRESS 222 SW 15 Road CITY-ST-ZIP Miami, FL 33129	☑ Change ☐ Addition
TITLE V NAME CADARIO, RONALD STREET ADDRESS 550 BRICKELL AVE ST 503 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete	TITLE V NAME Ronald Cadario STREET ADDRESS 222 SW 15 Road CITY-ST-ZIP Miami, FL 33129	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   02-05-04   305-377-3502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #