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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

1996

(5)**DOCUMENT #** M82165 1. Corporation Name THE SOFTWARE PROFESSOR OF NORTH DADE, INC. Principal Place of Business Malino Address 1990 NE 163RD ST STE 105 1990 NE 163RD ST STE 105 N MIAMI BCH FL 33162 N MIAMI BCH FL 33162 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 05/19/1988 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0054861 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Continuate of Status Desired. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State Oity & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country $Z_{\rm ID}$ Zψ Country Florida Statutes Yes No 30 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) KAUFMAN, ALLEN J. 82 1990 NE 163RD STE 105 N MIAMI BCH FL 33162 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Change Addition DELETE 3 1 10116 TIFLE 1.2 NAME KAUFMAN, ALLEN J. NAME 1.3 STREET ADDRESS 1990 NE 163RD 105 STREET ADDRESS 14 CHTY - ST - ZIP N MIAMI BH FL CITY-ST-ZIP Change Add-tion DELETE 2.1 III.F DILE 2.2 NAME **DEMARIUS, CARMEN** NAME 2.3 STHEET ADDRESS 1990 NW 163RD 105 STREET ADDRESS 24 Cilir St-ZiP N MIAMI BCH FL CITY - S1 - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY - ST - 2IP ☐ Change Addition DELF 11. 4.11-11-TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change ☐ Add-tion DELETE 5 THUE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 Oilly S1-7:P CITY-ST-ZIP Change Addition DELETE 6 1 DILE TITLE NAME 6.3 STREET ADORESS STREET ADDRESS € 4 CHY -ST-ZIP 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 certify that I an an officer or director of this corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment/with an address.

CR2E034 (12/95)