FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 28 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056548

1. Entity Name

ARANDA SOFTWARE CORP.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20500 NE 22nd Place	PO BOX 519
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: HALLANDALE, FL
Zip: 33180 Country	Zip: 33008 Country

4. FEI Number 65-1111572 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GABRIEL S. DIAZ-SARMIENTO, CPA, PA

Street Address (P.O. Box Number is Not Acceptable)

1985 NW 88th COURT, SUITE 201

City: Miami **FL** Zip Code: 33172

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.

SIGNATURE: [signature] GABRIEL S. DIAZ-SARMIENTO 10/22/02

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, S, T, D ALBERTO LEDERMAN 20500 NE 22nd Place, Miami, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, D TOVAR, BYRON 20500 NE 22nd Place, Miami, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V, D Luis Bernardo Chicaiza 20500 NE 22nd Place, Miami, FL 33180
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ALBERTO LEDERMAN - PRES. 10/22/02 (305) 335-9975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jf 11/4/02

ARANDA SOFTWARE CORP.
20500 NE 22nd Place.
MIAMI, FL 33180
Tel: (305) 335-9975

October 22, 2002

FLORIDA DEPARTMENT OF STATE
UNIFORM BUSINESS REPORTS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

Ref: P01000056548
Aranda Software Corp.

Dear Sirs,

Enclosed please find the Uniform Business Report for year 2002, for Aranda Software Corp., previously Tarsus Technologies, Inc., with our check for $150.00. We are respectfully requesting that you waive the penalty for late filing since we did not receive your original filing form, probably because of a change in address.

Sincerely,

ALBERTO LEDERMAN
President

Enclosures