

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000053687 (8)

1. Corporation Name
SCIENTECH SOFTWARE INC.



Principal Place of Business

2263 NW BOCA RATON BLVD
#108
BOCA RATON FL 33431
US

Mailing Address

21187 ESCONDIDO WAY
BOCA RATON FL 33433-2507
US

3. Date Incorporated or Qualified
07/30/1993

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

21 21704 Fall River Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 21704 Fall River Dr.
Suite, Apt. #, etc.

4. FEI Number
65-0430869

Applied For
Not Applicable

22 City & State

23 Boca Raton, FL

27 City & State

28 Boca Raton, FL

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

33428

25 Country

USA

29 Zip

33428

30 Country

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Liren Ji
82 Street Address (P.O. Box Number is Not Acceptable)
21704 Fall River Dr.
83
84 City Boca Raton FL 85 Zip Code 33428

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 Liren Ji

2/26/97

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	P	<input type="checkbox"/> DELETE
NAME	Ji, LIREN	
STREET ADDRESS	21187 ESCONDIDO WAY	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VPM	<input type="checkbox"/> DELETE
NAME	SHEN, JING	
STREET ADDRESS	21187 ESCONDIDO WAY	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	21704 Fall River Dr.
1.4 CITY - ST - ZIP	Boca Raton, FL 33428
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ji, Jing C.
2.3 STREET ADDRESS	21704 Fall River Dr.
2.4 CITY - ST - ZIP	Boca Raton, FL 33428
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 do 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: Jing C. Ji

2/26/97

(561) 852-4711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)