FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED
APR
FD

1995 APR 20 PM 2:23
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065086

1. Corporation Name
ODYSSEY COMPUTER SOFTWARE, INC.

Principal Place of Business	Mailing Address
8994 NW 112 TERR. HIALEAH GARDENS, FL 33016 US	8994 NW 112 TERR. HIALEAH GARDENS, FL 33016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/15/1993	03/01/1994

2. Principal Place of Business	2a. Mailing Address
21 8994 NW 112 TERR	26 8994 NW 112 TERR
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 HIALEAH GARDENS, FL	City & State 28 HIALEAH GARDENS, FL
Zip 24 33016 Country 25 ~~US~~ DADE	Zip 29 33016 Country 30 US

4. FEI Number 65-0438636 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WE MEAN BUSINESS, INC. 9999 SUNSET DRIVE, SUITE 202 MIAMI, FL 33173	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	ULISES CASTILLO	12 NAME	100001466901
STREET ADDRESS	8994 NW 112 TERR.	13 STREET ADDRESS	-04/27/95--01066--004
CITY-ST ZIP	HIALEAH GARDENS, FL 33016	14 CITY ST ZIP	****200.00 ****200.00
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	MARIA CASTILLO	22 NAME	
STREET ADDRESS	8994 NW 112 TERR.	23 STREET ADDRESS	
CITY-ST ZIP	HIALEAH GARDENS, FL 33016	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	2nd
STREET ADDRESS		63 STREET ADDRESS	4-26
CITY ST ZIP		64 CITY 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)(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: U. Castillo 4/16/95 (305)821-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #