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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1	y	y	•

DOCUMENT # P9400003820 (5)

SOFTECH SYSTEMS, INC.

FILED Apr 28 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 15059 SW 153RD COURT 15059 S.W. 153RD COURT MIAMI FL 33198 MIAMI FL 33198-2867 US							
					3. Date Incorporated or Qualifie 01/14/1994	03/08/199	
2. Principal Place of SAME	Business	28. Mailing Address 26. GAME			4. FEI Number 65-0497289		Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired	\$8.79	5 Additional Required
City & State	T 0.4 M	City & State	······································		Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be
Ζφ 24	Country 25	Zip	Count	ry	This corporation has liability to Florida Statutes		· · · · · · · · · · · · · · · · · · ·
	ame and Address of Curre		30		10. Name and Address of New		
LOPEZ, RE			81	Name			
15059 S.W	/. 153RD COURT		8:	2 Street Add	dress (P.O. Box Number is Not Accep	itable)	
MIAMI FL	33196		8:	3		 	
			B.	4 City		85 Z	ip Code
						FL	·
11. Pursuant to the p	rovisions of Sections 607.05	02 and 607.1508, Florida Statute of Florida, Such change was a	es, the about	ve-named cor	rporation submits this statement for the	e purpose of changing	g its registered
agent I am famili	ar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statut	es.	rporation submits this statement for the ation's board of directors. I hereby ac	dependence of the second	20 109/010/00
SIGNATURE L	N. D. Looks	RENEG. LOPEZ	PRE	SIDENT		1/4/97	···········
	typed or printed name of registered a	gent and titre if applicable (NOTI ND DIRECTORS	E: Registered A	gent signature req	uired when reinstating) ADDITIONS/CHANGES TO OF	DATE	ODC IN 12
TIBLE P	OFFICERS A	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OF	Chang	
	ez, rene g	—	1.2 NAME				,
	59 S W 153 CT			ET ADDRESS			
	WIFL 33196		1.4 CITY	Y			
TITLE	שויע כ אוייי	DELETE	2.1 TITLE			Chang	ne Addition
NAME			2.2 NAME				. —
STREET ADDRESS				ET ADORESS		•	
CITY-ST-ZIP			2. 4 CITY				
TITLE		☐ DELETE	3 1 TITLE			Chang	ge Addition
NAME			3.2 NAME	<u> </u>			
STREET ADDRESS			33 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	- ST - ZIP			
TiffLE		DELETE	4.1 TITLE			Chang	ge Addition
NAME			4. 2 NAM	IE			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CHY-ST-ZIP			4.4 CITY	-ST-ZIP			
TELE		DELETE	5.1 TITLE			Chang	ge Addition
NAME		1	5.2 NAMI	E			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY - ST - ZIP			5.4 CHY	-ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Chang	ge Addition
NAME			6.2 NAMI	E			
STREET ADDRESS			6.3 STRE	ET ADORESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			
	v that the information suppl	ed with this filmo does not qualit	v for the ex	emotion state	ed in Section 119.07(3)(i), Florida Stat	utes. I further certify the	nat the

. 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 Blook 13 if changed, or on an attainment with an address.

SIGNATURE

ONATURE AND TYPED OR PRINTED NAME OF BONING OFFICER OR DIRECT

1/4/97

(305) 252-023; Daytime Phone #