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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

## Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000040696 (4) F.F.D. SOFTWARE & HARDWARE INTERNATIONAL CORPORA

**FILED** Jan 22 1998 8:00am Secretary of State



TION Principal Place of Business Mailing Address 10240 SW 56 ST 10240 SW 56 ST SUITE 115 SUITE 115 DO NOT WRITE IN THIS SPACE MIAMI FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualified 05/26/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0494790 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite\_Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year intangible Yes 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **GUTIERREZ, OSCAR** 9027 N.W. 6TH CT. Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change \_\_\_ Addition FONSECA, FRANCISCO NAME 1.2 NAME 10240 SW 56 ST SUITE 115 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33165 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BENEDETTI, RAFAEL NAME 2.2 NAME 18970 BOB-O-LINK DR STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33015 CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GUTIERREZ, OSCAR NAME 3.2 NAME 9027 N.W. 6TH CT. STREET ADDRESS 3.3 STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TIT) F 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP City-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 ent with an add

SIGNATURE: 1

305)826-1007

(10/97)

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