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 AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074965 (2)**

1. Corporation Name
CLEVERSOFT SYSTEMS, INC.

Principal Place of Business	Mailing Address
2594 W 8TH LN HIALEAH FL 33010	2594 W 8TH LN HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1994
3a. Date of Last Report:

2. Principal Place of Business 21 8549 S.W. 159TH AVE	2a. Mailing Address 26 P.O. Box 960068	4. FEI Number 65-057 3406	☒ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.	6. Election Campaign Financing Trust Fund Contribution ☒	$5.00 May Be Added to Fees
Zip / Country 24 33296 25 DADE	Zip / Country 29 ~~33296~~ 33193 30 DADE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PEREZ, GLADYS H
2594 W 8TH LN
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name: PEREZ, GLADYS H
82 Street Address (P.O. Box Number is Not Acceptable): 8549 S.W. 159TH AVE
83
84 City: MIAMI FL 85 Zip Code: 33193

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: GLADYS H. PEREZ Gladys H. Perez DATE: 4/20/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: If named agent is updating or reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE DP		☒ Change ☐ Addition
NAME	PEREZ, VICTOR R	12 NAME	PEREZ, VICTOR R.	
STREET ADDRESS	2594 W 8TH LN	13 STREET ADDRESS	8549 S.W. 159TH Ave	
CITY ST ZIP	HIALEAH FL 33010	14 CITY ST ZIP	MIAMI, FL 33193	
TITLE	DV	21 TITLE DV		☒ Change ☐ Addition
NAME	PEREZ, GLADYS H	22 NAME	PEREZ, GLADYS H	
STREET ADDRESS	2594 W 8TH LN	23 STREET ADDRESS	8549 S.W. 159TH Ave	
CITY ST ZIP	HIALEAH FL 33010	24 CITY ST ZIP	MIAMI, FL 33193	
TITLE	DS	31 TITLE DS		☒ Change ☐ Addition
NAME	PEREZ, SUHAIL M	32 NAME	PEREZ, SUHAIL	
STREET ADDRESS	2594 W 8TH LN	33 STREET ADDRESS	8549 S.W. 159TH AVE	
CITY ST ZIP	HIALEAH FL 33010	34 CITY ST ZIP	MIAMI, FL 33193	
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		
STREET ADDRESS		63 STREET ADDRESS		
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 above, or on an attachment with an address.

SIGNATURE: Gladys H. Perez 4/20/95 (305)885-4829
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078494 CP