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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 09 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

TITLE

NAME STREET ADDRESS

CITY - ST - 7/P

SIGNATURES

DOCUMENT # P94000077667 (1)

PEPPERCORN SOFTWARE, INC.

Principal Place of Business Mailing Address 8960 S.W. 56TH TERR. 8980 S.W. 56TH TERR. MIAM! FL 33173 MIAMI FL 33173-1602 3. Date Incorporated or Qualified 3a. Date of Last Report 10/24/1994 06/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3280432 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιρ Zin Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔽 No 24 Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAMOS, RICHARD 8960 S.W. 56TH TERR. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** 83 City Zip Code 85 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 under accept the obligations of, Section 607.0505. Elevida Statutes. RICHARD RAMOS President types or printed barne of registered asign Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE D 1.1 TITLE RAMOS, RICHARD NAME 1.2 NAME 8960 S.W. 56TH TERR. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33173** 1.4 CITY-ST-ZIP C:TY - ST - ZIF DEL ETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE 3 1 TITLE Change Addition TITLE 3.2 NAME NAME **3.3 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP DELETE Change Add tion TITLE 5.1 TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Crity - St - ZiP

DELETE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

61 TITLE

6.2 NAME

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 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 roce ver 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.

6.3 STREET ADDRESS 6.4 CHY-ST-ZIP