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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000082714 (4)

1. Corporation Name

AMERICAN SOFTWARE NETWORK, CORP.



Principal Place of Business

189 LINCOLN RD #201
MIAMI BEACH FL 33139

Mailing Address

189 LINCOLN RD #201
MIAMI BEACH FL 33139-2047

3. Date Incorporated or Qualified
11/10/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1823 S.W. 107th Avenue

2a. Mailing Address

26 1823 S.W. 107th Avenue

4. FEI Number

65-0533792

Applied For

Not Applicable

Suite, Apt. #, etc.

22 APT H-1605

Suite, Apt. #, etc.

27 APT H-1605

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Miami, Florida

City & State

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33165

Country

Zip

29 33165

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDRADE, ARMANDO
189 LINCOLN RD #201
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

Andrade, Armando

82 Street Address (P.O. Box Number is Not Acceptable)

1823 S.W. 107th Avenue

83

APT H-1605

84 City

Miami

FL

85 Zip Code

33165

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, to 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)

1/14/97

12. OFFICERS AND DIRECTORS

TITLE PS
NAME ANDRADE, ARMANDO
STREET ADDRESS 189 LINCOLN RD #201
CITY - ST - ZIP MIAMI BEACH FL 33139

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME Andrade, Armando
1.3 STREET ADDRESS 1823 S.W. 107th Avenue APT H-1605
1.4 CITY - ST - ZIP Miami, FL 33165

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

Daytime Phone #

CR2E034 (9/96)