

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014086 (9)

1. Corporation Name

SOFTDATA, INC.

Principal Place of Business

9564 N.W. 41ST STREET
MIAMI FL 33178-2912

Mailing Address

9564 N.W. 41ST STREET
MIAMI FL 33178-2912



2. Principal Place of Business

2a. Mailing Address

21 8550 W Flagler Street

26 8550 W Flagler Street

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 110

27 110

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

24 33144

25 USA

29 33144

30 USA

9. Name and Address of Current Registered Agent

BARRIOS, SONIA MARTINEZ
9564 N.W. 41ST STREET
MIAMI FL 33178-2912

3. Date Incorporated or Qualified

3a. Date of Last Report

02/17/1995

4. FLE Number

65-0557266

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

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

8550 W. FLAGLER STREET, Ste #110

83

84 City

MIAMI

FL

85 Zip Code

33144

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

SONIA MARTINEZ BARRIOS
DIRECTOR

02/02/96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
D BARRIOS, DANIEL H
STREET ADDRESS
9564 N.W. 41ST STREET
CITY-STATE-ZIP
MIAMI FL 33178-2912

2. TITLE ☐ DELETE

NAME
D BARRIOS, SONIA MARTINEZ
STREET ADDRESS
9564 N.W. 41ST STREET
CITY-STATE-ZIP
MIAMI FL 33178-2912

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
8550 W Flagler Street, Ste #110
4. CITY-STATE-ZIP
Miami, FL 33144

☒ Change ☐ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
8550 W Flagler Street, Ste #110
5. CITY-STATE-ZIP
Miami, FL 33144

☐ Change ☐ Addition

3. TITLE

4. NAME

5. STREET ADDRESS

6. CITY-STATE-ZIP

7. TITLE

8. NAME

9. STREET ADDRESS

10. CITY-STATE-ZIP

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-STATE-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-STATE-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)(k), 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

SONIA MARTINEZ BARRIOS
DIRECTOR

02/02/96

(305) 285.9096

CR2E034 (12/95)