

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90199 045 \*\*\*150.00

DOCUMENT # P95000014086

1. Corporation Name  
SOFTDATA, INC.

Principal Place of Business

8550 W. FLAGLER STREET  
#110  
MIAMI FL 33144

Mailing Address

8550 W. FLAGLER STREET  
#110  
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1995

4. FEI Number

65-0557266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3300 N.E. 191st Street

Suite, Apt. #, etc.

22 #405

City & State

23 Aventura, FL

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 3300 N.E. 191st Street

Suite, Apt. #, etc.

27 #405

City & State

28 Aventura, FL

Zip

29 33180

Country

30 USA

9. Name and Address of Current Registered Agent

BARRIOS, SONIA MARTINEZ  
8550 W. FLAGLER STREET  
#110  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

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

3300 N.E. 191st Street #405

83 #405

84 City

Aventura

FL

85 Zip Code

33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D BARRIOS, DANIEL H

STREET ADDRESS 8550 W. FLAGLER STREET, STE#110

CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME D BARRIOS, SONIA MARTINEZ

STREET ADDRESS 8550 W. FLAGLER STREET, STE#110

CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3300 N.E. 191st Street #405

1.4 CITY-ST-ZIP Aventura, FL 33180

2.1 TITLE VICE-PRESIDENT ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3300 N.E. 191st Street #405

2.4 CITY-ST-ZIP Aventura, FL 33180

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.12.99

Date

(305)936.8543

Daytime Phone #

CR2E034 (1/98)