

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

FILED

Feb 18 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 # P95000054725 (3)

1. Corporation Name
ALBASOFT, INC.



Principal Place of Business
13616 SW 112TH LANE
MIAMI FL 33181
US

Mailing Address
12864 DISCAYNE BLVD., STE. 134
N. MIAMI FL 33181-2007

3. Date Incorporated or Qualified 07/10/1995
3a. Date of Last Report 06/19/1996

2. Principal Place of Business
21 13616 SW 112th Lane

2a. Mailing Address
26 13616 SW 112th Lane

4. FEI Number 65-0597537
Applied For Not Applicable

22 Suite, Apt #, etc. Miami FL
23 City & State

27 Suite, Apt #, etc.
28 Miami FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 33186 25 Country USA

29 Zip 33186 30 Country USA

6. Election Campaign Financing Trust Fund Contribution ☒ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

BUSTAMANTE, BERNARDA I
13616 SW 112TH LANE
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name Bustamante Bernarda I.
82 Street Address (P.O. Box Number is Not Acceptable) 13616 SW 112th Lane
83
84 City Miami FL 85 Zip Code 33186

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 *Bustamante* (NOTE: Registered Agent signature required when reinstating) DATE 02/06/97

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, BERNARDA I	
STREET ADDRESS	13616 SW 112 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, CARLOS R	
STREET ADDRESS	13616 SW 112 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARELLANO, LUIS M	
STREET ADDRESS	PASJE MATTE 957 OFE 613	
CITY-ST-ZIP	SANTIAGO CH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Bustamante Vice President/bs 02/06/97 (305) 3829378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)