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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055176 (8)

INTERSOFT CONSULTING, INC.

FILED Apr 21 1998 8:00am Secretary of State

Principal Place of Busines	 68	Mailing Address 652 WILLOW HEIGHTS DR ATLANTA GA 30328 US							
0025 SW 107TH AVE SUITE 214 MIAMI FL 33173					DO NOT WRITE IN THIS SPACE				
•					3. Date Incorporated or Qualified 07/14/1995				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For			
21		26			65-0599758	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	SR 75 Additional			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Ζιρ 29	30 Coi	intry	8. This corporation owes or has paid the currer Personal Property Tax due June 30.	nt year Intangible Yes V No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
MARGOLLES, FERNANDO 8025 SW 107TH AVE SUITE 214				81 Name					
				82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 331	73			83					

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, typical or printed name of registered agent and tide if applicable	(NOTE Registered Agent signature re-	quired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES 1	O OFFICERS AND DIRECTOR	RS IN 12
TITLE	P DELE	TE 11 TITLE		☐ Change	Addition
NAME	MARGOLLES, FERNANDO	1.2 NAME			
STREET ADDRESS	8025 SW 107TH AVE., STE. 214	13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP			
TITLE	☐ DELF	TE 21 TITLE		Change	Addition
NAME		22 NAME			
STREET ADDRESS		2 3 STREET ADDRESS			
CITY-ST-ZIP		2 4 CITY-ST-ZIP			
TITLE	DELE	TE 31 TITLE		☐ Change	Addition
NAME		32 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3 4. CITY - ST - ZIP			
TIFLE	DELE	TE 4.1 TITLE		☐ Change	☐ Addition
NAMÉ		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4 4 CITY - ST - ZIP			
TITLE	☐ DELŧ	TE 51 TITLE		☐ Change	Addition
NAME		5.2 NAME			
STHEET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5 4 CITY - ST - ZIP			
TITLE	DELE	TE 6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY ST. 7IP		6.4 CITY - ST - 7IP			

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 chapter 607, or on an attachment with an address.

SIGNATURE

Turk Masow

4/12/98

404-843-7888

CHZE034 (10/97)