

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056201 (3)

1. Corporation Name

PLUSWARE SERVICES, INC.



Principal Place of Business

Mailing Address

~~ONE BISCAYNE TOWER, SUITE 3400
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-1897~~

~~ONE BISCAYNE TOWER, SUITE 3400
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-1897~~

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 Nicolas Fernandez, P.A. 27 Nicolas Fernandez, P.A.
23 Gables International Plaza 28 Gables International Plaza
24 2655 Le Jeune Road 29 2655 Le Jeune Road
Penthouse 1-D
Coral Gables, FL 33134
Coral Gables, FL 33134

3. Date Incorporated or Qualified

07/12/1995

3a. Date of Last Report

4. FEI Number

65-0598934

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

10. Name and Address of New Registered Agent

~~VALDES FAULI, PAUL E. ESQ.
ONE BISCAYNE TOWER, SUITE 3400
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-1897~~

81 Name
ESQUIRE CORPORATE SERVICES, INC.,

82 Street Address (P.O. Box Number is Not Acceptable)
2655 LEJEUNE ROAD, PH 1D

83 CORAL GABLES, FLORIDA

84 City

FL 85 Zip Code
33134

11. Pursuant to the provisions of Sections 607.012 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]

[Signature]

4-23-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D RODRIGUEZ, JORGE
STREET ADDRESS 135-90 SW 40TH LANE
CITY - ST - ZIP MIAMI FL 33175

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 D/P ☒ Change ☐ Addition
1.2 NAME Rodriguez, Jorge
1.3 STREET ADDRESS 13590 S.W. 40 Lane
1.4 CITY - ST - ZIP Miami, FL 33175

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME Rodriguez, Gilberto
2.3 STREET ADDRESS 13590 S.W. 40 Lane.,
2.4 CITY - ST - ZIP Miami, FL 33175

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 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

JORGE RODRIGUEZ

Feb 21/96 (305) 2977747
56-41-26-96

CR2E034 (12/95)