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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056201 (3)

PLUSWARE SERVICES, INC.

Principal Plac	e of Business	Mailing Address			BOSOL OURD BRISO SERVI BRIOL HER SOOF
	S FERNANDEZ, P.A.	C/O NICOLAS FERNAN	DEZ DA		
-8665 LE JEUNE RD. PH 1D				DO NOT WRITE IN	N THIC COACE
-CORAL CABLES FL 93194 CORAL CABLES FL-88194			104	3. Date Incorporated or Qualified	1 INIS SPACE
				07/12/1995	
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 C/O Ma	arquez & Fernandez, PA	782 NW Le J	eune Road	65-0598934	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22 # 548		27 # 548		6. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Miami,	, FL	28 Miami, FL		Trust Fund Contribution	Added to Fees
Zip 33126	Country USA	Zip 33126	Country USA	8. This corporation owes or has paid	
24 33126	9, Name and Address of Current	_ * 0]	30 USA	Personal Property Tax due June 30 10. Name and Address of New Regin	
Ec		· · · · · · · · · · · · · · · · · · ·	B1 Name	10. Name and Address of New Regil	stered Agent
Esqui Esqui				quire Corporate Service	es, Inc.
oz dige Addres				ress (P.O. Box Number is Not Acceptable W Le Jeune Road # 548)
- CORAL GABLES FL 33134				W Le Jeune Road # 548	
	THE CADLES TE SO 104				
			84 City Miar	ni	FL 85 Zip Code 33126
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida State	iles the above-named con	poration submite this statement for the nur	noon of abancing its registered
OTTICE OF A	re gister ed agent, or both, in the State o im fami liar with, and accept the obligati	t Horida. Such change was	authorized by the cornora	tion's board of directors. I hereby accept t	he appointment as registered
	Ana-Ju		a Di Sec	- 4-6-90	
SIGNATURE	Signature, typed or profed make of registered agent.	and New Lapplicable INC	TE: Registered Aluent signature requi	red when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	PD	DELETE	11 TATLE		Change Addition
NAME	RO DRIGUEZ, JORGE		1.2 NAME		
STREET ADDRESS	13590 SW 40 LN		1.3 STREET ADDRESS	•	· *
CITY-ST-ZIP	MIAMI FL 33175		1.4 City - St - ZiP		
TITLE	S SONOTER OFFICE	☐ DELETE	2.1 DTLE		Change Addition
NAME	RODRIGUEZ, GILBERTO		2.2 NAME		
STREET ADDRESS	13590 SW 40 LN		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33175	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		
NAME		otter	3.1 HILE 3.2 NAME		Change Addition
STREET ADDRESS					
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		E POLICIE	4. 2 NAME		En outside En volution
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		···-··
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby c	ertity that the information sypphed with	this filing does not qualify	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information
Difficer or o	on this annual report or supplemental a director of the corporation or the mession or Block 13 if changed or on an attach	er or trustee empowered to	curate and that my signatu execute this report as requ	ire shall have the same legal effect as if multiple of the same legal effect as if mul	ade under oath; that I am an dithat my name appears in