

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

DOCUMENT # 095000072397

1. Corporation Name

Independent Software Solutions, Inc.

96 AUG 23 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

815 NW 57 Ave
#125
Miami, FL 33126

Mailing Address

815 NW 57 Ave
#125
Miami, FL 33126

2. Principal Place of Business

2a. Mailing Address

21 13754 SW 106 Terr

26 13754 SW 106 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, FL

28 Miami, FL

24 Zip 33186

25 Country USA

29 Zip 33186

30 Country USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

9/19/95

N/A

4. FEI Number

65-0635173

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 (use only if registered agent is not applicable)

(Use if Registered Agent Signature is required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME David L. Silverlight
STREET ADDRESS 2780 Tiger Tail Ave. #305
CITY-STATE-ZIP Coconut Grove, FL 33133

TITLE ☒ DELETE
NAME Haro, Wendy I
STREET ADDRESS 11445 SW 80 Rd
CITY-STATE-ZIP Miami, FL 33156

TITLE ☐ DELETE
NAME Leonardo R. Penn
STREET ADDRESS 7500 SW 34 St Rd
CITY-STATE-ZIP Miami, FL 33155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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-08/28/96--01058--015
****225.00 ****225.00

Leonardo R. Penn
13754 SW 106 Terr
Miami, FL 33186

[Handwritten signature]

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

Leonardo R. Penn 8/1/96

305 ...

CR2E034 (12/95)