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FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000072397 (9)

1. Corporation Name

INDEPENDENT SOFTWARE SOLUTIONS, INC.



Principal Place of Business

13754 SW 106 TERRACE
MIAMI FL 33186

Mailing Address

13754 SW 106 TERRACE
MIAMI FL 33186-3135

3. Date Incorporated or Qualified

09/19/1995

3a. Date of Last Report

06/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0635173

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

24

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VELEZ, MARIO ESQ
815 N.W. 57TH AVENUE
SUITE 125
MIAMI FL 33126

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

SILVERLIGHT, DAVID L
2780 TIGERTAIL AVE. #305
COCONUT GROVE FL 33133

DELETE

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

D

PENA, LEONARDO R
13754 SW 106 TERRACE
MIAMI FL 33186

DELETE

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)