FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENOF STATE

Sandra B. Moham

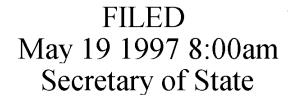
Secretary of Ste DIVISION OF CORPRATIONS

DOCUMENT # P95000072397 (9)

INDEPENDENT SOFTWARE SOLUTIONS, INC.

Princip	al l	Plac€	o ot	Busin	055
13754	-		_	RRACE	

Mailing Address





13754 SW 108 TERRACE MIAMI FL 33186		13754 SW 106 TERRACE MIAMI FL 33186-3135						
					3. Date Incorporated or Qualified 09/19/1995		te of Last Re 23/1996	port
2. Principal Pla	ace of Business	2a. Mailing Address		······································	4. FEI Number			plied For
21		26			65-0635173			t Applicable
Suite, Apt. #	v, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	DA.	\$8.75 A Fee Re	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Z ip	Country	Zip	Cor	ntrv	8. This corporation has liability for i	ntangible		
24	25	29	30	•	Florida Statutes] Yes [] No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered /	Agent	
VELE	Z. MARIO ESQ			1 Name				
815 • SUIT	N.W. 57TH AVENUE F 125		Ì	82 Street Add	frees (P.O. Box Number is Not Acceptab	le)		
_	W FL 33126		Ţ	83				
•			l l	84 City		FL	• []	Code
office or re	o the provisions of Sections 607,050 ogistered agent, or both, in the State in familiar with, and accept the obligi	of Florida. Such change was a	HUTI KA IZ	IDA LIMBI COLDOIS	poration submits this statement for the patient's board of directors. I hereby accept	urpose of ot the app	f changing it pointment as	s registered registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·		E Register		ulted when reinstating)	DATE		
12.	Signature, typiid or printed name of registered age OFFICERS AN		13.	Agent algranure rade	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	IS IN 12
TOLE	D	DELETE	111	E T			Change	Addition
NAME	SILVERLIGHT, DAVID L		121	AE				
STREET ADDRESS	2780 TIGERTAIL AVE. #305		8 1	EET ADBRESS				
City-SI-ZiP	COCONUT GROVE FL 33133		1.40					
TOLE	D	DELETE	2.11	E			Change	Addition
NAME	PENA, LEONARDO R		221	iE .	•			
STREET ADDRESS	13754 SW 106 TERRACE		235	ET ADORESS				
CITY-ST-ZIP	MIAMI FL 33186		2 4	r-ST-ZIP				· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	311				Change	Addition Addition
NAME			321	•				
STREET ADDRESS			3.3	ET ADDRESS				
CHY-S1-ZIP			34.	ST-ZIP				
TILLE		☐ DELETE	4.1				Change	Addition
NAME			4.4					
STREET ADORESS			4.3	i address				
CITY-ST-ZIP			44	ST-ZIP				1 4430
TITLE		☐ DELETE	511				Change	Addition
NAME			5.21	₹				
STREET ADDRESS			5.3 \$	SEET ADDRESS				
CHTY-ST-ZIP			5.4 (CIT -ST-ZIP				1 1 4 1 7 7
TITLE		☐ DELETE	6.11	IN E			Change	Additio
NAME			6.24	KAME				
STREET ADDRESS			6.3 3	STREET ADDRESS				
CHTY-ST-7IP			6.4 0	CITY-ST-ZIP				
				41-1-1	and in Continue (40 07(2)(i) Florida Statut	oc I furth	or cortifu the	it the

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 of 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.