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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079991

1. Corporation Name

HARDSOFT & TESTING CO.

Principal Place		Mailing Address							··= :8:47 *:91 251
15221 SW 80 S	т	20200 W COUNTRY CLUB	DR			125° 4			
309 #117						DO NOT WELL	C IN THIS	00405	
MIAMI FL 33193 N MIAMI BEACH FL 33180						3. Date Incorporated or Qualifed	E IN THIS	SPACE	· · ·
US US						10/18/1995			
		<u> </u>				10/10/1990 4. FEI Number			Applied For
2. Principal Pl	ace of Business SW 82 LN # 26	2a. Mailing Address				''		<u> </u>	Not Applicable
		26				65-0614598			Additional
Suite, Apt.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		~~.	Required
22 /4/47 City & State	·	City & State				6. Election Campaign Financing			0 May Be
	93 - USA	28				Trust Fund Contribution		•	d to Fees
23 33/9 Zip	Country	Zip	Col	untry		8. This corporation owes the curre	ent vear Inta		
⊢ – ·	25	29	30			Personal Property Tax.	one your ma	Yes	□No
24	9. Name and Address of Curren	_ 	1301	T		10. Name and Address of New R	egistered .	Agent	
	9. Name and Address of Carren	Trogiotorou rigo		81	Name				
TAK/	ACS, JASMIZ								
	0 W COUNTRY CLUB DR #117			82	Street Add	dress (P.O. Box Number is Not Accepta	ible)		j
N MI	AMI BEACH FL 33180			83					
]						<u>.</u>			
			-	84	City		FL	85 Zi	p Code
dd Burning	to the previous of Sections 607 050	2 and 607 1508 Florida Statu	tes the	above-	named cor	poration submits this statement for the	nurnose of	 changing	its registered
l office or re	egistered agent, or both, in the State :	of Florida. Such change was a	authorize	ea by tr	he corporat	tion's board of directors. I hereby accep	t the appoir	ntment as	registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	orida Sta	tutes.					
I .									
SIGNATURE		ALONE	C. Dominion	od Agant	nianatum room	red when rejectation	DATE		
	Signature, typed or printed name of registered ager	<u>.</u>	<u> </u>		signature requi	red when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIREC	TORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		signature requi	red when reinstating) ADDITIONS/CHANGES TO OF		D DIREC	
12. πιε	OFFICERS AN	<u>.</u>	13.	TITLE	signature requi				
12. TITLE NAME	OFFICERS AN PTD DIAZ, JOSE R.	D DIRECTORS	13. 1.1 T 1.2 N	TITLE NAME					
12. TITLE NAME STREET ADDRESS	OFFICERS AN PTD DIAZ, JOSE R. 8301 SW 142 AV #B110	D DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TITLE NAME STREET A	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PTD DIAZ, JOSE R. 8301 SW 142 AV #B110 MIAMI FL	D DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C	TITLE NAME STREET A	ADDRESS			Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PTD DIAZ, JOSE R. 8301 SW 142 AV #B110 MIAMI FL VSD	D DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	TITLE NAME STREET A CITY-ST-	ADDRESS				e Addition
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #