SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000083227 (5)

1. Corporation Name

DOTSOFT, INC.

Principal Place of Business

10421 NW 28TH ST. D105. #76
MIAMI FL 33172

Mailing Address

10421 NW 28TH ST. D105. #76
MIAMI FL 33172

3. Date Incorporated or Qualified: 10/31/1995
3a. Date of Last Report:

4. FEI Number: ✓ Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [X] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21 1601 NW 97th Ave.
22 Suite, Apt. # etc: CCS 1160, UNIT C-105
23 City & State: MIAMI, FL
24 Zip: 33172
25 Country: U.S.A.

2a. Mailing Address
26 P.O. BOX: 025323
27 Suite, Apt. #, etc: CCS 1160
28 City & State: MIAMI, FL
29 Zip: 33102-5323
30 Country: U.S.A.

9. **Name and Address of Current Registered Agent**

COLUCCIELLO, JOSE
830 WREN AVE
MIAMI SPRING FL 33166

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 607.0502 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 ______________________ DATE ______

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	PISANI, HERNAN	
STREET ADDRESS	10421 NW 28TH ST, D105, #76	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	[ ] DELETE
NAME	MINTZIAS, CLAUDIO	
STREET ADDRESS	10421 NW 28TH ST, D105, #76	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	[X] Change [ ] Addition
1.2 NAME	PISANI, HERNAN	
1.3 STREET ADDRESS	1601 NW 97th Ave, CCS 1160, UNIT C-105	
1.4 CITY-ST-ZIP	MIAMI, FL 33172	
2.1 TITLE	D	[X] Change [ ] Addition
2.2 NAME	MINTZIAS, CLAUDIO	
2.3 STREET ADDRESS	1601 NW 97th Ave. CCS 1230, UNIT C-105	
2.4 CITY-ST-ZIP	MIAMI, FL 33172	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	800001925998	Change [ ] Addition
5.2 NAME	-08/20/96--01040--010	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CMC 8/14/96

CR2E034 (3/96)

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 07/28/96

Daytime Phone #: (305) 233 8833