
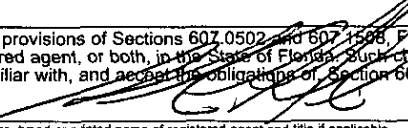


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

99 DEC 16 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000083227					
1. Corporation Name DOTSOFT, INC.					
Principal Place of Business CCS 1230, UNIT C-105 1601 N.W. 97TH AV MIAMI FL 33172			Mailing Address C/O 8500 W FLAGLER ST B-208 MIAMI FL 33144 US		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		65-0649949	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip		Country	
24		29		30	
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 BERNARDO C. TACORATE		
			82 Street Address (P.O. Box Number is Not Acceptable) 8500 W. FLAGLER ST. STE B-208		
			83		
			84 City MIAMI FL 85 Zip Code 33144		
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  BERNARDO C. TACORATE DATE 12/10/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PD PISANI, HERNAN			1.2 NAME		
STREET ADDRESS 1601 NW 97TH AVE, CCS 1160, UNIT C-105			1.3 STREET ADDRESS 7000003083197--1		
CITY-ST-ZIP MIAMI FL 33172			1.4 CITY-ST-ZIP -12/23/99--01076--007		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE ***550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D MINTZIAS, CLAUDIO			2.2 NAME 7000003083197--1		
STREET ADDRESS 1601 NW 97TH AVE, CCS 1160, UNIT C-105			2.3 STREET ADDRESS -12/23/99--01076--008		
CITY-ST-ZIP MIAMI FL 33172			2.4 CITY-ST-ZIP ***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

REINSTATEMENT

99

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.

SIGNATURE:  SIGNATURE REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

9/14/99 58 27530106
Date Daytime Phone #

KE