FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000038156 (1)**

1. Corporation Name
SOFTWARE PLUS EXPORTS, INC.

Principal Place of Business	Mailing Address
8163 NORTHWEST 74TH AVENUE MEDLEY FL 33166	8163 NORTHWEST 74TH AVENUE MEDLEY FL 33166-7401

3/12/97

3. Date Incorporated or Qualified: 05/02/1996	3a. Date of Last Report
4. FEI Number: 65-0666131	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$5.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

01 Name: Conrado Lopez
02 Street Address (P.O. Box Number is Not Acceptable): 8163 N.W. 74th Avenue
03
04 City: MEDLEY FL 05 Zip Code: 33166

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
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PRES~~ ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~LAGO, PAUL LUIS~~	1.2 NAME	
STREET ADDRESS	8163 NORTHWEST 74TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL 33166	1.4 CITY-ST-ZIP	
TITLE	President and Treasurer ☐ DELETE	2.1 TITLE	☒ Change ☒ Addition
NAME	LOPEZ, CONRADO	2.2 NAME	
STREET ADDRESS	8163 NORTHWEST 74TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL 33166	2.4 CITY-ST-ZIP	
TITLE	Vice-President and Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROOS, PATRICIA C	3.2 NAME	
STREET ADDRESS	8163 NORTHWEST 74TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL 33166	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: _____ 3/12/97 (305) 863-0234
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING FOR CORPORATION — Date — Daytime Phone #

0000004