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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Moltham 👃

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041521 (1)

BYTE ME SOFTWARE, INC.

Principal Place of Business

Mailing Address

MAL OW BOTH STREET

FILED Jun 05 1997 8:00am Secretary of State



MIAMI FL 33173			MIAMI FL 33173-2214					
						Date Incorporated or Qualified 05/14/1996	3a. Date of Las	st Report
2. Principal Place of Business			2a. Mailing Address			4. FFI Number (- 40.21		Applied For
21 9441 SW 66 ST.				66	<u> </u>			Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, elc.			5. Certificate of Status Desired	Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	.	L	City & State	B KIRMI FL		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees		
Zip 24 3317		Country US	Zip 29 33173	Cour	Country 8. This corporation has liability for intangible tax to Florida Statutes Yes No.			er s. 199.032,
		11	rrent Registered Agent	12-1		10. Name and Address of New Re	gistered Agent	
, 944	LL, GUSTA 1 S.W. 667 MI FL 3317	TH STREET		[1	Name Street Ad	idress (P.O. Box Number is Not Acceptab	ele)	
					B4 City		FL 85	Zip Code
agent. 1 a	to the provis registered ag im f a miliar w	ith, and accept the ol	Digations of, Section 607.0505, Fi	iorioa Siail	iles. Usublat	orporation submits this statement for the praction's board of directors. I hereby accept	urpose of changir the appointment 4 30 97	ng its registered t as registered
SIGNATURE	Signature, lyped		d agent and title if applicable (NO	TE: Hag stored	Agent signature rei	·		
12.		OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD		DILETE	1.1 TITI			[_] Chan	ige Addition
NAME		NUSTAVO		1.2 NAI				
STREET ADDRESS	MIAMI F	W. 66TH STREET	•		EET ADORESS			
CITY-ST-ZIP TITLE	PD	L 001/0	DELETE	2.1 1H	Y - \$T - ZIP		Char	nge Addition
NAME	LEON, F	EI IDE A		2.2 NA				age Caracina
STREET ADDRESS		W. 66TH STREET			EET ADDRESS			
CITY-ST-ZIP	MIAMI F		,		Y - ST - ZIP			
TITLE			☐ DELFTE	3.1 1011			☐ Char	ige Addition
NAME	Ì			3.2 NAI	√1E			
STREET ADDRESS				3 3 STF	LET ADDRESS			
CITY-ST-ZIP				34.00	Y-ST-7iP			
TITLE	<u> </u>		DELETE	4.1 11/0	.E		☐ Char	ige 🔲 Addition
NAME				4. 2 NA	ME			
STREET ADDRESS				4.3 STF	LEET ADDRESS			
CITY-ST-ZIP				4.4 CH	Y-ST-7IP			
TITLE			DELETE	5.1 111	.E		Char	nge 🔲 Addition
NAME	1			5 <i>2</i> NAI	NF .			
STREET ADDRESS				5.3 STF	REET ADDRESS			
CITY-ST-ZIP					Y-S1-2IP			
TITLE			☐ DELETE	6.1 1(1	r£		Char	nge Addition
NAME .	1.5			6.2 NA	ME			
STREET ADDRESS	-			6.3 STF	REE1 ADDRESS			
CITY-ST-ZIP	<u> </u>			6.4 CIT	Y - \$1 - ZIP	140 07/07/07 FIELD OF	- I fallens annife	

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 eath; 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, con an attachment with an address.