

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 NOV 10 AM 11:46

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P96000074840 (5)

1. Corporation Name
SPECTRUM SOFTWARE, INC.



Principal Place of Business
**6652 SW 148 AVE
 MIAMI FL 33193**

Mailing Address
**6652 SW 148 AVE
 MIAMI FL 33183-2035**

3. Date Incorporated or Qualified **09/06/1996** 3a. Date of Last Report
 4. FEI Number **65-0691262** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **4310 S.W. 14 AVE** 26 **4310 S.W. 14 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 **MIAMI FL** 28 **MIAMI FL**
 Zip Country Zip Country
 24 **33134** 25 **USA** 29 **33134** 30 **USA**

9. Name and Address of Current Registered Agent
**FINANCIAL FOUNDATIONS, INC.
 1301 SEMINOLE BLVD, 155
 LARGO FL 33770**

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

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME **PRESIDENT & CEO ENRIQUE ESPINOSA**
 STREET ADDRESS **4310 SW 14 ST**
 CITY-ST-ZIP **MIAMI FL 33134**
 TITLE DELETE
 NAME **VP KATHERINE ESPINOSA**
 STREET ADDRESS **4310 SW 14 ST**
 CITY-ST-ZIP **MIAMI FL 33134**
 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 Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **800002346668--5**
 2.4 CITY-ST-ZIP **-11/13/97--01082--002**
*****\$550.00** Change Addition
 3.1 TITLE
 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 Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE **Enrique Espinosa** 9-30-97 305 414-0141

CR2E034 (9/96)