
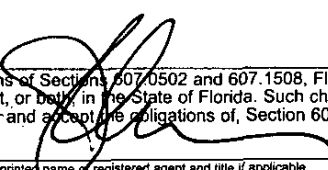


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90002 027 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000087440					
1. Corporation Name GOLDSOFT, INC.					
Principal Place of Business 2699 S. BAYSHORE DRIVE, SUITE 300-D COCONUT GROVE FL 33133			Mailing Address 2699 S. BAYSHORE DRIVE, SUITE 300-D COCONUT GROVE FL 33133		
2. Principal Place of Business 21 220 Alhambra Circle Suite, Apt. #, etc. 810 City & State Coral Gables Zip 33134 Country		2a. Mailing Address 26 220 Alhambra Circle Suite, Apt. #, etc. 810 City & State Coral Gables Zip 33134 Country		3. Date Incorporated or Qualified 10/23/1996	
23 Coral Gables		27 Coral Gables		4. FEI Number 65-0702585	
24 33134		29 33134		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEHRMAN, JEFFREY E 2699 S. BAYSHORE DRIVE, SUITE 300-D MIAMI FL 33133				10. Name and Address of New Registered Agent	
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.				81 Name	
SIGNATURE 				82 Street Address (P.O. Box Number is Not Acceptable) 220 Alhambra Circle	
(NOTE: Registered Agent signature required when reinstating)				83 #810	
12. OFFICERS AND DIRECTORS				84 City Coral Gables FL 85 Zip Code 33134	
1.1 TITLE <input type="checkbox"/> DELETE				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME LEHRMAN, JEFFREY E				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2699 S. BAYSHORE DRIVE, SUITE 300-D				1.2 NAME	
CITY-ST-ZIP MIAMI FL 33133				1.3 STREET ADDRESS 220 Alhambra Circle #810	
1.4 CITY-ST-ZIP				1.4 CITY-ST-ZIP Coral Gables FL 33134	
2.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME				2.2 NAME	
2.3 STREET ADDRESS				2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME				3.2 NAME	
3.3 STREET ADDRESS				3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME				4.2 NAME	
4.3 STREET ADDRESS				4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME				5.2 NAME	
5.3 STREET ADDRESS				5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME				6.2 NAME	
6.3 STREET ADDRESS				6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP	

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

9/7/99 (305) 460-4447
Date Daytime Phone #

CR2E034 (11/98)

Goldsoft Inc.

220 Alhambra Circle
Suite 810
Coral Gables
FL 33134

Ph. 305-408-3132
Fax. 305-385-8115

P46000087440
615726

September 9, 1999

Florida Department of state
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

We apologize for the delay in filing the annual report for the corporation. We recently moved our offices to a new location, and the address has changed as indicated in the annual report form. The form you had sent us was not forwarded to the new address. Please find enclosed the completed annual report form and the \$150 filing fee.

Thanks for you consideration in this matter.

Sincerely,

President