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FILED

Jun 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000102079 (6)

1. Corporation Name

GALILEO BUSINESS SOFTWARE, INC.



Principal Place of Business

C/O JORGE E. OTERO  
75 VALENCIA AVE 4TH FLOOR  
CORAL GABLES FL 33134

Mailing Address

C/O JORGE E. OTERO  
75 VALENCIA AVE 4TH FLOOR  
CORAL GABLES FL 33134-6141

3. Date Incorporated or Qualified

12/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

901-80-4563

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

9. Name and Address of Current Registered Agent

OTERO, MULLIN & TOMLIN, P.A.  
75 VALENCIA AVE  
SUITE 400  
CORAL GABLES FL 33134

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D CAUDET, RAMON  
NAME: 800 DOUGLAS RD SUITE 550  
STREET ADDRESS: CORAL GABLES FL 33134  
CITY-ST-ZIP:

TITLE: DELETE  
NAME: DELETE  
STREET ADDRESS: DELETE  
CITY-ST-ZIP:

TITLE: DELETE  
NAME: DELETE  
STREET ADDRESS: DELETE  
CITY-ST-ZIP:

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STREET ADDRESS: DELETE  
CITY-ST-ZIP:

TITLE: DELETE  
NAME: DELETE  
STREET ADDRESS: DELETE  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition  
1.2 NAME: Change Addition  
1.3 STREET ADDRESS: Change Addition  
1.4 CITY-ST-ZIP: Change Addition

2.1 TITLE: Change Addition  
2.2 NAME: Change Addition  
2.3 STREET ADDRESS: Change Addition  
2.4 CITY-ST-ZIP: Change Addition

3.1 TITLE: Change Addition  
3.2 NAME: Change Addition  
3.3 STREET ADDRESS: Change Addition  
3.4 CITY-ST-ZIP: Change Addition

4.1 TITLE: Change Addition  
4.2 NAME: Change Addition  
4.3 STREET ADDRESS: Change Addition  
4.4 CITY-ST-ZIP: Change Addition

5.1 TITLE: Change Addition  
5.2 NAME: Change Addition  
5.3 STREET ADDRESS: Change Addition  
5.4 CITY-ST-ZIP: Change Addition

6.1 TITLE: Change Addition  
6.2 NAME: Change Addition  
6.3 STREET ADDRESS: Change Addition  
6.4 CITY-ST-ZIP: Change Addition

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 1997 (305) 4416462  
Date Daytime Phone

CR2E034 (9/96)