

PROFIT
CORPORATION
ANNUAL REPORT



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

AMENDED ANNUAL REPORT

DOCUMENT # P97000063872

1. Corporation Name

SOFTSYS, INC.

FILED

02 DEC 18 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1172 SO Dixie Hwy 1172 So Dixie Hwy
#471 #471
Coral Gables, FL 33146-2918 Coral Gables, FL 33146-2918
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 1109 Hardee Road		26 1109 Hardee Road		65-0785032		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
22 City & State		27 City & State		6. Election Campaign Financing		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Coral Gables, Florida		28 Coral Gables, Florida		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
24 33146		25 Miami-Dade		29 33146		30 Miami-Dade	

9. Name and Address of Current Registered Agent

CORTINAS, HENRY
1109 Hardee Road
Coral Gables, Florida 33146

10. Name and Address of New Registered Agent

81 Name Vivian L. More
82 Street Address (P.O. Box Number is Not Acceptable)
1109 Hardee Road
83
84 City Coral Gables FL 85 Zip Code 33146

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

Vivian L. More

(NOTE: Registered Agent signature required when reinstating)

DATE

November

2002

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	1.1 TITLE	PTSD
NAME	CORTINAS, HENRY	1.2 NAME	MORE, VIVIAN L.
STREET ADDRESS	1109 Hardee Road	1.3 STREET ADDRESS	1109 Hardee Road
CITY-ST-ZIP	Coral Gables, Florida 33146	1.4 CITY-ST-ZIP	Coral Gables, Florida 33146
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	600009575916
CITY-ST-ZIP		2.4 CITY-ST-ZIP	12/18/02--01037--001 **61.25
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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.

SIGNATURE:

Vivian L. More

November 1, 2002