

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000064847

1. Corporation Name  
SOFTLAN TECHNOLOGIES INC.

Principal Place of Business  
9607 S.W. 13TH PLACE  
BOCA RATON FL 33428

Mailing Address  
9607 S.W. 13TH PLACE  
BOCA RATON FL 33428

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90227 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/24/1997

4. FEI Number  
65-0771253

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5148 Heron PL  
Suite, Apt. #, etc.

2a. Mailing Address

26 5148 Heron PL  
Suite, Apt. #, etc.

23 City & State

23 Coconut Creek, FL

27 City & State

27 Coconut Creek, FL

24 33073 25 USA

29 33073 30 USA

9. Name and Address of Current Registered Agent

OSORIO, CARLOS  
9607 S.W. 13TH PLACE  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name OSORIO, CARLOS  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 5148 Heron PL  
84 City Coconut Creek FL 85 Zip Code 33073

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

Carlos Osorio

DATE

4-12-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P  
NAME OSORIO, CARLOS  
STREET ADDRESS 9607 SW 13TH PLACE  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VP  
NAME CEDENO, ROCIO  
STREET ADDRESS 9607 SW 13TH PLACE  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME OSORIO, CARLOS  
1.3 STREET ADDRESS 5148 Heron PL  
1.4 CITY-ST-ZIP Coconut Creek, FL 33073

2.1 TITLE VP  
2.2 NAME CEDENO, ROCIO  
2.3 STREET ADDRESS 5148 Heron PL  
2.4 CITY-ST-ZIP Coconut Creek, FL 33073

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 of Carlos Osorio

4-12-99 (954) 5037282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)