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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90047 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000067922

1. Corporation Name
INNOVATIVE SOFTWARE PLUS, INC.

Principal Place of Business
**17055 NORTHWEST 13 STREET
PEMBROKE PINES FL 33028**

Mailing Address
**17055 NORTHWEST 13 STREET
PEMBROKE PINES FL 33028**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/06/1997

4. FEI Number
65-0773030

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **7960 SW 55 Ave**

Suite, Apt. #, etc.
B

22 **B**

City & State
Miami FL

23 **Miami FL**

Zip
33143

Country
USA

24 **USA**

2a. Mailing Address

26 **7960 SW 55 Ave**

Suite, Apt. #, etc.
B

27 **B**

City & State
Miami FL

28 **Miami FL**

Zip
33143

Country
USA

29 **USA**

9. Name and Address of Current Registered Agent

**JUNCO, JORGE
17055 N W 13TH ST
PEMBROKE PINES FL 33028**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7960 SW 55 Ave B

83

84 City

Miami

FL

85

33143

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: **2-2-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PSTD
JUNCO, JORGE JR**
STREET ADDRESS
17055 NORTHWEST 13 STREET
CITY-ST-ZIP
PEMBROKE PINES FL 33028

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **7960 SW 55 Ave.**

1.4 CITY-ST-ZIP **Miami FL 33143**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)