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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073818 (1)

VBSOFTWARE CORPORATION

Principal Place of Business	Mailing Address	
9101 SOUTHWEST 9 TERRACE MIAMI FL 33174	9101 SOUTHWEST 9 TERRACE MIAMI FL 33174	
		3. Date II
Principal Place of Business	2a. Mailing Address 26	4. FEI NL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certific

FILED May 20 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			
9101 SOUTH	9101 SOUTHWEST 9 TERRACE 9101 SOUTHWEST 9 TERRACE				
MIAMI FL 33174 MIAMI FL 33174				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified
					08/26/1997
2. Principal Pl	ace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For
21 26					65-0777 273 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	S8.75 Additional	
27				5. Certificate of Status Desired Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes X No
	9. Name and Address of Curren	nt Registered Agent		641 N	10. Name and Address of New Registered Agent
AM	IERILAWYER CHARTERED			81 Name	O GONZAlez
343	3 Alm eria avenue		ľ	82 Street Addr	ress (P.O. Box Number is Not Acceptable)
l co	PRAL GABLES FL 33134			910) GW 9 Tenr
				83	
ĺ			Ì	84 City //	85 Zip Code
					1AM1 FL [8] 233774
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 springations of, Section 607.0505, Florida Statutes					
SIGNATURE	Int 1/1	1 ED GONT		PRASI	Danf 4/20/98
Signature Ayred or profiled name of of (insterror agent and the Mapplicable (NOTE Registered Age				Agent signature requir	red when reinstating) BATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 111		Change Addition
NAME	GONZALEZ, ED		1.2 NA		[3
STREET ADDRESS	9101 SOUTHWEST 9 TERRA	CE		REET ADDRESS	į į
CITY-ST-ZIP	MIAMI FL 33174	DELETE		Y-ST-ZIP	Change Addition
TITLE	VTD	☐ DELETE	2.1 TIT		C. Cuarife C. Maturial
NAME	FERNANDEZ, MANNY	OF.	2.2 NA		
STREET ADDRESS	9101 SOUTHWEST 9 TERRA	UE		REET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	DELETÉ		TY-ST-ZIP	Change Addition
TITLE		L'1 pereit	3.1 TIT		Change C Addition
NAME			3.2 NA		
STREET ADDRESS			1	REET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. U	1Y-S1-ZIP	Change Addition
TITLE			4.2 N/		
NAME					
STREET ADDRESS			1	REET ADDRESS	
CITY-ST-ZIP		DELETE	5.1 TH	Y-ST-ZIP	Change Addition
TITLE		La Precit			time Orange Land (WOMO)
NAME			5.2 NA	l.	į
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP		☐ DELETE	5.4 C/I	IY-ST-ZIP	☐ Change ☐ Addition
TITLE				1	_ onungo _ realitor
NAME			6.2 NA	1	
STREET ADDRESS				REET ADDRESS	
CETY-ST-ZIP			6.4 CI	TY-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 eath; 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 of an authority with an address.

305-559-9361