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 # P97000075604 (3)

STRATEGIC SOFTWARE SOLUTIONS CORP.

Principal Place of Business

Mailino Address

FILED Apr 17 1998 8:00am Secretary of State



8310 S.W. 147TH COURT MIAMI FL 33193-1517	8310 S.W. 147TH COURT MIAMI FL 33193-1517		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified 08/29/1997
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
314 4765 SW 87TH BVE	26 7765 SW	87TH AV	8 65-0780351 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 25)5	5. Certificate of Status Desired S8.75 Additional Fee Required
	City & State PLOW PL	ر	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	29 33173 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9. Name and Address of Current Re	gistered Agent		10. Name and Address of New Registered Agent
BERGER, J.D., LL.M., MICHAEL L.P.A.		81 Name	
9990 S.W. 77TH AVENUE SUITE #313		82 Stree	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33156		63	
		84 City	■■ 85 Zip Code
AA Duranest to the analisms of Costions CO7 OFOR	d 007 45 00 Florido Otat 400	100	FL W 25 state
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, typod or printed name of registered agent and	d title if applicable. (NOTE Ri	agistered Agent signatu	e required when reinstating) DATE
12. OFFICERS AND D	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TITLE	Change Addition
NAME ESPEJO, CARLOS H		1.2 NAME	
STREET ADDRESS 8310 S.W. 147TH COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33193-1517		1.4 CITY - ST - ZIP	
TITLE	☐ DELE TE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY - ST - ZIP	
TITLE	☐ DELET E	3.1 TITLE	Change Addition
NAME		3.2 NAME]
STREET ADDRESS		3.3 STREET ADDRESS	·
CITY-ST-ZIP		3.4 CITY-S1-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE	□ Decent	5.1 TITLE 5.2 NAME	LI CHANGE LI ADDRIDE
NAME ETDECT ADDRESS		5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME	□ prre.it	6.2 NAME	Criange Addition
STREET ADDRESS		6.3 STREET ADDRESS	
14. I hereby certify that the information subplied with the	nis filing does not qualify for the	6.4 City-St-ZIP	ed in Section 119.07(3)(i). Florida Statutes. I further certify that the information
14. Thereby certify that the information subplied with this filing does to 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 supplementer amount expert 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 of this temperature of the corporation or the receiver of the corporation of the			