

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90012 001 \*\*\*158.75

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000075604**

1. Corporation Name

**STRATEGIC SOFTWARE SOLUTIONS CORP.**

Principal Place of Business

7765 SW 87TH AVE  
SUITE 205  
MIAMI FL 33173  
US

Mailing Address

7765 SW 87TH AVE  
SUITE 205  
MIAMI FL 33173  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/29/1997**

4. FEI Number

**65-0780351**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☒

Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BERGER, J.D., LL.M., MICHAEL L P.A.**  
**9990 S.W. 77TH AVENUE**  
**SUITE #313**  
**MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

**JUAN C. ESPEJO**

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

**8310 SW 147 CT**

83

**SUITE 205**

84 City

**MIAMI**

**FL**

85 Zip Code

**33193**

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]* **JUAN CARLOS ESPEJO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-30-99**

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

**D ESPEJO, CARLOS H**  
**8310 S.W. 147TH COURT**  
**MIAMI FL 33193-1517**

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

1.4 CITY-ST-ZIP

2.1 TITLE

**SECRETARY - VICE PRESIDENT**

☐ Change

☒ Addition

2.2 NAME

**ESPEJO, MYRIAM**

2.3 STREET ADDRESS

**8310 SW 147 CT**

2.4 CITY-ST-ZIP

**MIAMI FL 33193**

3.1 TITLE

**VICE PRESIDENT**

☐ Change

☒ Addition

3.2 NAME

**ESPEJO, JUAN C.**

3.3 STREET ADDRESS

**8310 SW 147 CT**

3.4 CITY-ST-ZIP

**MIAMI FL 33193**

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:

**CARLOS ESPEJO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/30/99**

Date

**1-305-595-744**

Daytime Phone #

CR2E034 (11/98)