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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P97000106984**

1. Corporation Name
FERSOFT TRADE IMPORT EXPORT CORP.

Principal Place of Business	Mailing Address
400 N RIVERSIDE DRIVE SUITE 201 POMPANO BEACH FL 33062	400 N RIVERSIDE DRIVE SUITE 201 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1998

4. FEI Number: 65-0801905 ☐ 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	2a. Mailing Address
21 2700 W. Atlantic Blvd	26 2700 W. Atlantic Blvd
Suite, Apt. #, etc. 22 Suite 200-12	Suite, Apt. #, etc. 27 Suite 200-12
City & State 23 Pompano Beach	City & State 28 Pompano Beach
Zip 24 33069 Country 25 USA	Zip 29 33069 Country 30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: JULIANA Franca
82 Street Address (P.O. Box Number is Not Acceptable): 3961 N. Fed Hwy
83
84 City: Pomp Beach FL 85 Zip Code: 33064

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: Juliana Franca DATE: 2/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUES, FERNANDO		1.2 NAME	
STREET ADDRESS	400 N RIVERSIDE DR, STE 201		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REGUEIRA, RICARDO U		2.2 NAME	
STREET ADDRESS	400 N RIVERSIDE DR, STE 201		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	REGUEIRA, MERCIA K		3.2 NAME	
STREET ADDRESS	400 N RIVERSIDE DR, STE 201		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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] 2/9/99 (954) 786-7180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1-1-98)