PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000037117

BUSINESS SOFTWARE APPLICATION INC.

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90001 035 ***150.00



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|--|--|--|--|--|---|---|--------------------------------------|
| Principal Place | of Business | Mailing Address | | | | • | |
| 8541 NW SOUTH RIVER DRIVE 8541 NW SOUTH RIVER CRIVE | | | | |] | | |
| MEDLEY*FL :33166 | | MEDLEY FL 33166 | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed | - | |
| | | | | | 04/23/1998 | | ļ |
| 2 Oringinal Di | ace of Business | 2a. Mailing Address | | | 4. FELNyinber DOL 1000 | | Applied For |
| | ace of business | | | | #65-0861555 | | Not Applicable |
| 21 Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.75 | Acditional | |
| ├ ─ ` | | [27] | | 5. Certificate of Status Desired | | Required | |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 Nay Be | | | |
| 23 | | 28 | | Trust F and Contribution | | d to Fees | |
| Zip | Country | Zip | Cou | intry | 8. This corporation owes the current year | I stangible | |
| 24 | [25] | 29 | 30 | | Person il Property Tax. | ☐Yes | []No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Register | ed Agent | |
| | | - | | 31 Name | | | |
| PUIG | nau, jorge | | | 82 Street Ad | Iress (P.O. Box Number is Not Acceptable) | | |
| 2030 NW 91 TERRACE PEMBROKE PINES FL 33024 | | | | 3 | | | |
| | | | | 83 | | | |
| | | | | 84 City | | 85 Zip | Code |
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b. 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 conflict 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 a xecule 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 a liother like empowered.

| SIG | M | ΛTI | IRE |
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SIDENTOTE AND DIFFED OR FRINTED NAME OF SIGNING OFFICES OR DIRECTOR

Osytime Phone #