

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

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

03-06-1999 90110 047 ***150.00

1400001

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000058142

1. Corporation Name
INFOTECH SOFT, INC.

Principal Place of Business 151 CRANDON BOULEVARD #245 MIAMI FL 33149	Mailing Address 151 CRANDON BOULEVARD #245 MIAMI FL 33149
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9300 South Dadeland Blvd.	2a. Mailing Address 26
22 Suite, Apt. #, etc. Suite 611	27 Suite, Apt. #, etc.
23 City & State Miami, Florida	28 City & State
24 Zip 33156	25 Country USA
29 Zip	30 Country

3. Date Incorporated or Qualified 06/30/1998	4. FEI Number 65-0866069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

SMITH, JEANETTE E ESQ.,
9090 S.W. 84TH COURT
MIAMI FL 33156

10. Name and Address of New Registered Agent

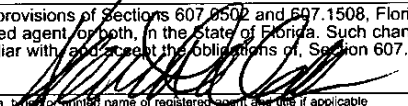
81 Name **Kevin L. Deeb, Esq.**

82 Street Address (P.O. Box Number is Not Acceptable)
3211 Ponce de Leon Blvd.

83 **Suite 202**

84 City **Coral Gables** **FL** 85 Zip Code **33134**

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:  DATE: **2/3/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KABUKA, MANSUR
STREET ADDRESS	151 CRANDON BOULEVARD
CITY-ST-ZIP	MIAMI FL 33149
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	RIZZO, ERIC
STREET ADDRESS	151 CRANDON BOULEVARD
CITY-ST-ZIP	MIAMI FL 33149
TITLE	PD <input type="checkbox"/> DELETE
NAME	BIANCHI, MARIA
STREET ADDRESS	151 CRANDON BOULEVARD
CITY-ST-ZIP	MIAMI FL 33149
TITLE	TD <input type="checkbox"/> DELETE
NAME	TAYLOR, THOMAS
STREET ADDRESS	151 CRANDON BOULEVARD
CITY-ST-ZIP	MIAMI FL 33149
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **2/3/99** 305/670-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)