

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S20562 (2)

1. Corporation Name
AI*SOFT, INC.



Principal Place of Business

P.O. BOX 4921
HIALEAH FL 33014-0921
US

Mailing Address

P.O. BOX 4921
HIALEAH FL 33014-0921
US

3. Date Incorporated or Qualified 12/24/1990 3a. Date of Last Report 06/03/1995

4. FEI Number 65-0242585 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONES, VICATOR K.
16105 NE 18 AVE
N MIAMI BEACH FL 33162

81 Name

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

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and date of filing

Printed Name of Agent and Date of Filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME STACK, BRIAN
STREET ADDRESS 16105 NE 18 AVE
CITY- ST- ZIP N MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY- ST- ZIP

3. TITLE
3. NAME
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4. TITLE
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4. STREET ADDRESS
4. CITY- ST- ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY- ST- ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY- ST- ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Stack President

4/30/96

305-826-4110

CR2E034 (12/95)