FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S20711** **(5)**

1. Corporation Name

LOGICWARE SYSTEMS INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
13431 SW 28 ST MIAMI FL 33175	13431 SW 28 ST MIAMI FL 33175

3. Date Incorporated or Qualified: 12/20/1990
3a. Date of Last Report: 06/27/1995

2. Principal Place of Business
21: 16145 S.W. 147TH COURT
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FLORIDA
24: Zip: 33187-1407
25: Country: U.S.A.

2a. Mailing Address
26: 13727 S.W. 152ND ST.
27: Suite, Apt. #, etc.: Suite 300
28: City & State: MIAMI, FL.
29: Zip: 33177
30: Country: USA

4. FEI Number: 65-0233236 ☐ 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

9. Name and Address of Current Registered Agent

~~OLIVA, RAUL A.~~
~~13431 SW 28 ST~~
~~MIAMI FL 33175~~

10. Name and Address of New Registered Agent

81 Name: RAUL A. OLIVA
82 Street Address (P.O. Box Number is Not Acceptable): 16145 S.W. 147th Court
83:
84 City: MIAMI FL 85 Zip Code: 33187-1407

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 _____ RAUL A. OLIVA 7/26/96
Signature, Typed or Printed Name of Registered Agent and the Date as required. (NOTE: Registered Agent's Signature required for certain filings.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDTC	☐ DELETE	1.1 TITLE	~~SAME~~	☑ Change ☐ Addition
NAME	OLIVA, RAUL A.		1.2 NAME	~~SAME~~	
STREET ADDRESS	13431 SW 28 ST		1.3 STREET ADDRESS	16145 S.W. 147TH COURT	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL. 33187-1407	
TITLE	VS	☐ DELETE	2.1 TITLE	~~SAME~~	☑ Change ☐ Addition
NAME	OLIVA, ANA G.		2.2 NAME	~~SAME~~	
STREET ADDRESS	13431 SW 28 ST		2.3 STREET ADDRESS	16145 S.W. 147TH COURT	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL. 33187-1407	
TITLE	M	☐ DELETE	3.1 TITLE	~~SAME~~	☑ Change ☐ Addition
NAME	NOVO, FRANK		3.2 NAME	~~SAME~~	
STREET ADDRESS	13431 SW 28TH ST		3.3 STREET ADDRESS	16145 S.W. 147TH COURT	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL. 33187-1407	
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ RAUL A. OLIVA 7/26/96 305-233-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #