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Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PROFIT ... Mar 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthage Secretary of tate ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V19179 (3)IDEASOFT, INC. Principal Place of Business Mailing Address 6100 BLUE LAGOON DRIVE 6100 BLUE LAGOON DRIVE **SUITE 325** SUITE 325 MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1992 2. Principal Place of Business P.O. Box 65 2a. Mailing Address 4. FEI Number Applied For 4.0. BOX 65-0368 65-0368 65-0333804 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI mit mi 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zıp 8. This corporation owes or has paid the current year Intangible 33261 33261 DADE 25 DADE 24 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CARLOS PENENGO PENENGO C/O IDEASOFT, INC. 82 6100 BLUE LAGOON DRIVE, STE. 325 63 **MIAMI FL 33126** 84 MIAMI 33/6 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, as a acquipt the obligations of, Section C07.0505, Florida Statutes.

SIGNATURE

CHENOS

ENENGS agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition PENENGO, CARLOS NAME RENEWGO, 1.2 NAME CARLOS 6100 BLUE LAGOON DRIVE STREET ADDRESS 1.3 STREET ADDRESS 65-0368 **MIAMI FL 33126** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 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 Change 51 TIDE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE __ DELETE 6.1 TITLE 300002448449mo -03/05/38--01082--020 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 CITY - ST - ZIP 6.4 CITY-ST-ZIP 14. Thereby 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

PENENTES

1/20/62

FILED