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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V39495

(9)

SCIENTIFIC SOFTWARE SOLUTIONS, INC.

Principal Place of Business		Mailing Address	Mailing Address			
177 OCEAN LA #315-E KEY BISCAYNE		PO BOX 236 KEY BISCAYNE FL 33 US	3149			
US					3. Date incorporated or Qualified 05/28/1992	3a. Date of Last Report 07/29/1996
<del></del> '	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	ш	[26]	····		65-0418524	Not Applicable
Suite, Apt.	# etc	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23	Country	<b>28</b> Zip		untry	Trust Fund Contribution	Added to Fees
Zip <b>24</b>	25	29)	30	Chility	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Curr		190	T	10. Name and Address of New Reg	
SAN	NTOS, JOSE A., JR.			81 Name		
44 WEST FLAGLER ST., 18TH FLOO		OOR	82 Street Ac		ress (P.O. Box Number is Not Acceptable	e)
MIA	MI FL 33130-1808			83		
				84 City	<del></del>	
	777.0	100	4-4-4 4		A 5. Al.	<u> </u>
office or n	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida S ate of Florida. Such change v	tatutes, the was authoriz	above-named cor ed by the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	urpose of changing its registered it the appointment as registered
agent. La	im familiar with, and accept the obl	iigations of, Section 607 050!	5, Florida St	atutes.		
SIGNATURE	Sign care (gas dos pontodinas), or kispalonida			ed Agent signature requ		DATE.
SIGNATURE				ed Agent signature requ		DATE
	OFFICERS A	agair hama tij o if apptolables	(NOTE: Bog ster	ed Agent signature requ	wed when reinstating)	DATE
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14. I do hereby certify that the information supplied with this firing 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachm

SIGNATURE AND TYPED OR PHIN EO NAME OF SIGNING OFFICER OR DIRECTO

Jan. 6, 1997 (305) 361-7276

**FILED** 

Jan 14 1997 8:00am

Secretary of State