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Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V47328 (2)

1. Corporation Name
SOFT-AID, INC.

[redacted]

Principal Place of Business	Mailing Address
1890 NE 163RD ST NORTH MIAMI BCH FL 33162 US	1890 NE 163RD ST NORTH MIAMI BCH FL 33162 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1992

2. Principal Place of Business	2a. Mailing Address
21 39 NW 166 street	26 39 NW 166 ST
Suite, Apt. #, etc. 22 6	Suite, Apt. #, etc. 27 6
City & State 23 MIAMI, FL	City & State 28 MIAMI FL
Zip 24 33169 Country 25 US	Zip 29 33169 Country 30 US

4. FEI Number: 65-0359998 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALERO, JOSE A. 18181 NE 31 COURT APT 601 ADVENTURA FL 33160	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	ALONSO, GLADYS		1.2 NAME	ALONSO, GLADYS	
STREET ADDRESS	2820 HURON WAY		1.3 STREET ADDRESS	2614 SW 181 Terrace	
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	VALERO, JOSE A.		2.2 NAME	VALERO, JOSE A.	
STREET ADDRESS	2820 HURON WAY		2.3 STREET ADDRESS	18181 NE 31 Court, #6	
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
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	900002625809	
STREET ADDRESS			5.3 STREET ADDRESS	-08/27/98--01001--001	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***550.00	
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		

pd 8.26

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.

SIGNATURE: _____ 8/4/98 (305) 949-0270
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #