

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47328 1. Entity Name SOFT-AID, INC. 16291 NW 57TH AVENUE MIAMI, FL 33014-6709			
Principal Place of Business SOFT-AID, INC. 16291 NW 57TH AVENUE MIAMI, FL 33014-6709		Mailing Address 	
2. Principal Place of Business		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0359998			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			
JOSE A. VALERO 16291 NW 57 AVE MIAMI, FL 33014			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE JOSE VALERO 10/22/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> FILE NOW!!! FEE IS \$150.00 <small>(See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</small>			
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT - D JOSE A. VALERO 16291 NW 57 AVE MIAMI, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000004679620-- -11/14/01--01095--018 ***150.00 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE P. GLADYS VALERO 14545 ENGLISH RD. MIAMI LAKES FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 10/22/01 305-949-0970 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 10:50

DO NOT WRITE IN THIS SPACE

CR2034 (11/00)

SOFT AID

Medical Management Systems

October 22, 2001

Division of Corporations
Secretary of State
409 East Gaines Street
Tallahassee, FL

Attention: reinstatement department

Re: Soft Aid, Inc.

Gentlemen:

I have just received your form Application for Reinstatement V47328 regarding my above captioned for profit corporation.

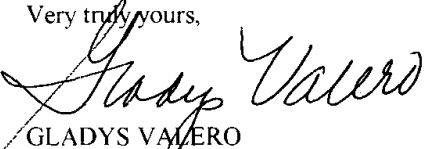
Please be advised that I have never previously received your annual report form. We moved our offices in December, 2000, as well as both home residences, and did not receive any correspondence at all.

I am sending this out directly and including a copy of the front page showing that this was forwarded to us today, together with UBR downloaded from your website, as well as our check for \$150.00 for filing fee.

Please waive the reinstatement fee that we have apparently incurred. The way times are right now we are having a very hard time continuing with our business and the extra fee would place a great hardship on us at this time.

Thank you for your attention to this matter.

Very truly yours,


GLADYS VALERO
Vice President