

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

FILED

Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V50027 (4)
1. Corporation Name
SOFT AUTOMATION INC.

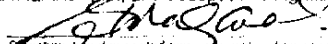


Principal Place of Business 8532 NW 64 ST MIAMI FL 33166 US	Mailing Address 8532 NW 64 ST MIAMI FL 33166-2627 US
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2. Principal Place of Business 21 8532 NW 64 ST Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA Zip 24 33166 Country 25 U.S.A.	2a. Mailing Address 26 8532 NW 64 ST Suite, Apt. #, etc. 27 City & State 28 MIAMI, FLORIDA Zip 29 33166-2627 Country 30 U.S.A.	3. Date Incorporated or Qualified 07/10/1992	3a. Date of Last Report 07/01/1996	4. FET Number 65-0355640	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			

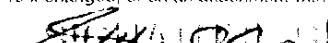
9. Name and Address of Current Registered Agent WAQAR, SYED ALI 13801 SW 77TH ST MIAMI FL 33183		10. Name and Address of New Registered Agent 81 Name SYED WAQAR ALI 82 Street Address (P.O. Box Number is Not Acceptable) 8532 NW 64 ST 83 84 City MIAMI FL 85 Zip Code 33166	
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11. 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  SYED WAQAR ALI, PRESIDENT 5/27/97
(NOTE: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	NASREEN, KAUSAR ALI (DR)	1.2 NAME	
STREET ADDRESS	13801 SW 77 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	WAQAR, SYED ALI (DR.)	2.2 NAME	
STREET ADDRESS	13801 SW 77 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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  5/27/97 (305) 507 5500

CR2E034 (9/96)