FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Jun 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (4)SOFT AUTOMATION INC. Mailing Address Principal Place of Business 8532 N.W. 64 ST 8532 N.W. 64 ST MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE U\$ US 3. Date Incorporated or Qualified 07/10/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 8532 NW 8532 NW 64 ST 26 65-0355640 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 33/66 MIAMI, FL Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible USA ☐ Yes 24 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WAQAR, SYED ALI WARAR ALI /モハ 8532 N.W. 64 ST Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33183** 83 84 City NIAM 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 phligations of Section 607.0505, Florida Statutes. ING CHESIDENT IED WADAK ALI SIGNATURE (NOTL: Registered Agent signature requ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE Change ___ Addition 1.1 TITLE TITLE NASREEN, KAUSAR ALI (DR NAME 1.2 NAME 13601 SW 77 ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY - ST- ZIP DELETE Change Addition TITLE 2.1 THILE WAQAR, SYED ALI (DR.) NAME 2.2 NAME 13601 SW 77 ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY - ST - ZIP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-7IP CITY-ST-ZIF Addition DELETE ☐ Change TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-S1-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 6.1 THLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

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 13 if changed, or on an address.