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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **V69940** (7)
 1. Corporation Name
PRIMEWARE SOLUTIONS, INC.

Principal Place of Business Mailing Address
11680 S.W. 128TH COURT MIAMI FL 33186 **11680 S.W. 128TH COURT MIAMI FL 33186**

2. Principal Place of Business 2a. Mailing Address
 21 **15045 SW 48 Terr** 26 **15045 SW 48 Terr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **E** 27 **BE**
 City & State City & State
 23 **Miami, Fl.** 28 **Miami, Fl**
 Zip Country Zip Country
 24 **33185** 25 **US** 29 **33185** 30 **US**

DO NOT WRITE IN THIS SPACE.
 3. Date Incorporated or Qualified **10/09/1992** 3a. Date of Last Report **07/12/1994**
 4. FEI Number **65-0379175** 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
LOPEZ, CHARLES
11680 S.W. 128TH COURT
MIAMI FL 33186

10. Name and Address of New Registered Agent
 81 Name **Gilbert J. Reyes**
 82 Street Address (P.O. Box Number is Not Acceptable) **15045 SW 48 Terr.**
 83
 84 City **Miami** FL 85 Zip Code **33185**

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 *Gilbert J. Reyes* DATE April 8, 1995
Signature, typed or printed name of registered agent and type of applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	LOPEZ, CHARLES
STREET ADDRESS	11680 S.W. 128TH CT.
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	REYES, GILBERT J
STREET ADDRESS	1504-E SW 48TH TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Resigned
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	Gilbert Reyes, J.
2 3 STREET ADDRESS	15045 SW 48 Terr
2 4 CITY - ST - ZIP	Miami, Fl. 33185
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report, or on an attachment with an address.

SIGNATURE: *Gilbert J. Reyes* DATE April 8, 1995 (305)221-6699
Signature and typed or printed name of signing officer or director Date (Signature Here)