

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69940 (7)

1. Corporation Name
PRIMEWARE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
16141 BLATT BLVD 211 FT LAUDERDALE FL 33326 US	16141 BLATT BLVD 211 FT LAUDERDALE FL 33326 US

2. Principal Place of Business	2a. Mailing Address
21 20306 SW 54 Pl. Suite, Apt. #, etc	26 20306 SW 54 Pl. Suite, Apt. #, etc
22 City & State 23 Ft. Lauderdale, FL	27 City & State 28 Ft. Lauderdale, FL
24 33332 25 U.S.	29 33332 30 U.S.

9. Name and Address of Current Registered Agent

**REYES, GILBERT J
15045 SW 48 TERR
MIAMI FL 33185**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1992	3a. Date of Last Report 07/18/1996
4. FEI Number 65-0379175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name Reyes, Gilbert J.
82 Street Address (P.O. Box Number is Not Acceptable) 20306 SW 54 Pl.
83
84 City Ft. Lauderdale
85 Zip Code FL 33332

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 _____ (NAME) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, GILBERT J	1.2 NAME	
STREET ADDRESS	16141 BLATT BLVD	1.3 STREET ADDRESS	20306 SW 54 Pl.
CITY-ST-ZIP	FT LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33332
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	600002321226--3
TITLE		3.1 TITLE	-10/15/97--000000--032
NAME		3.2 NAME	***550.00 ***550.00
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

FILED
97 OCT -9 AM 11:53



CP2E034 (4/97)

10-13-97