

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95806 (8)
1. Corporation Name
GUSBEN CONSULTANT COMPUTER SERVICES, CORP.



Principal Place of Business 14823 SW 50 TERR. MIAMI FL 33185 US	Mailing Address 14823 SW 50 TERR. MIAMI FL 33185 US
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2. Principal Place of Business 21 5825 COLLINS AVE. Suite, Apt. #, etc. 22 APT 10-B City & State 23 MIAMI BEACH Zip 24 33140	2a. Mailing Address 26 2151 LEJEUNE RD Suite, Apt. #, etc. 27 Suite 200 City & State 28 Conal Gables Zip 29 33134	Country 25 Dade	Country 30 Dade
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3. Date Incorporated or Qualified 08/30/1982	3a. Date of Last Report 09/25/1995
4. FEI Number 59-2221964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BENGOCHEA, GUSTAVO J.
14823 SW 50TH TERRACE
MIAMI FL 33185**

10. Name and Address of New Registered Agent
81 Name **Gustavo Bengochea Gustavo J.**
82 Street Address (P.O. Box Number is Not Acceptable)
2151 LEJEUNE RD Suite 200
83
84 City **Conal Gables** FL 85 Zip Code **33134**

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: *Gustavo Bengochea* 6-25-96

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	BENGOCHEA, GUSTAVO J	
STREET ADDRESS	14823 SW 50TH TERRACE	5825 COLLINS AVE
CITY-ST-ZIP	MIAMI, FL 33140	APT 10-B, MIAMI, FL 33140
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	800001888808
4.3 STREET ADDRESS	-07/10/96--01011--001
4.4 CITY-ST-ZIP	***8.75
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100001888811
5.3 STREET ADDRESS	-07/10/96--01011--002
5.4 CITY-ST-ZIP	***225.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

7/29/96 JR

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Gustavo Bengochea* 6-25-96 585-529-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)