

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000083347 (2)**
1. Corporation Name
G & V COMPUTER CORP.

5-1968-6003 - C



Principal Place of Business: 2050 CORAL WAY SUITE 508 MIAMI FL 33145
Mailing Address: 2050 CORAL WAY SUITE 508 MIAMI FL 33145

3. Date Incorporated or Qualified: 11/15/1994
3a. Date of Last Report: 05/01/1995
4. FET Number: 65-0541006
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent
DUQUE, GUSTAVO
2050 CORAL WAY
SUITE 508
MIAMI FL 33145

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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: _____ (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VERGAZA, MARIA	
STREET ADDRESS	14493 SW 152TER	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUQUE, GUSTAVO	
STREET ADDRESS	2050 CORAL WAY #508	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PALACIO, JOSE F	
STREET ADDRESS	1515 SAN REMO AVE. #B-2	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GINZALEZ, JOSE D	
STREET ADDRESS	6561 LAKES BLUE DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRUZ, FRANCISCO	
STREET ADDRESS	1515 SAN REMO AY #B-2	
CITY-ST-ZIP	MIAMI FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33145
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	(1515)
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 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11-29-96
Daytime Phone #

CR2E034 (12/95)