

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 # **P95000048001 (8)**

1. Corporation Name

NORTH MIAMI BUSINESS MACHINES, INC.



Principal Place of Business

1642 NE 148 STREET
MIAMI FL 33181

Mailing Address

1642 NE 148 STREET
MIAMI FL 33181

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

ALLAN F. BRUNNER

82 Street Address (P.O. Box Number is Not Acceptable)

1642 N.E. 148 St.

83

84 City **Miami**

FL

85 Zip Code **33181**

11. Pursuant to the provisions of Sections 607.0207 and 607.1506, 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: **ALLAN F. BRUNNER, Secretary/Treasurer**

Allan F. Brunner

May 30, 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> OFFICE
NAME	BRUNNER, ALLAN F	
STREET ADDRESS	1642 NE 148 STREET	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	ST	<input checked="" type="checkbox"/> OFFICE
NAME	BRUNNER, CAROL R	
STREET ADDRESS	1642 NE 148 STREET	
CITY-ST-ZIP	MIAMI FL 33181	
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

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BRUNNER, Carol R.	
13 STREET ADDRESS	1642 NE 148 St.	
14 CITY-ST-ZIP	Miami, FL 33181	
21 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BRUNNER, Allan F.	
23 STREET ADDRESS	1642 NE 148 St.	
24 CITY-ST-ZIP	Miami, FL 33181	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: **CAROL R. BRUNNER**

Carol R. Brunner

May 30, 1996

(305) 940-5004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (12/95)