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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088319 (5)

RESOURCE COMPUTERS OF N.Y., INC.

9010 SW 137TH AVE

14321 SW 88 ST #405

KRELING PEDROSO, MARIA I

MIAMI FL 33186

MIAMI FL 33186

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

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TITLE

Pr	rincipal Place of Business	Mailing Address	Mailing Address						
	010 SW 137TH AVE., STE. 210 IIAMI FL 33186	9010 SW 137TH AV MIAMI FL 33186	9010 SW 137TH AVE., STE. 210 MIAMI FL 33186			DO NOT WRITE IN THIS SPACE			
ŀ						3. Date Incorporated or Qualified			
l						11/13/1995			
2.	Principal Place of Business	2a. Mailing Addres	s			4. FEI Number		Applied For	
21	1	26				65-0619949		Not Applicable	
22	Suite, Apt. #, etc.		Suile, Apt. #, etc.			5. Certificate of Status Desired Security Securi			
23	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees	
24	Zip Country	Zір 29	30 Coi	untry		This corporation owes or has paid the current Personal Property Tax due June 30.	rrent yea	ar Intangible	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
PEDROSO, MARIA I 14321 SW 88 ST., # F 405 MIAMI FL 33186				81 82 83	Name Street Addre	t Address (P.O. Box Number is Not Acceptable)			
V The state of the				84	City	FI	85	Zip Code	
1	 Pursuant to the provisions of Sections 607. office or registered agent, or both, in the S 'agent. I am familiar with, and accept the or 	tate of Florida, Such change	e was authorize	d by	the corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the ap	of chang pointmer	ing its registered nt as registered	
sı	IGNATURE								
<u>L</u>	Signature typed or prioted name of registere		(NO1E. Rogistore		nt signature require	d when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIBEC	TODS IN 12	
1:					 -	ADDITIONS/CHANGES TO OFFICERS AN	Cha		
	inct.			I.1 TITLE			ال ب	inge LI Addition	
I N	AME LAUFER, ROBERTO		1.2 N	IAME	1				

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

2. 4 CITY - S1 - ZIP

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 THILE 6.2 NAME

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64 City-St-ZIP

14. I hereby certify that the information supplied with this filling 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 cut of the exemption 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 exceiving 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 cut if st, or on an attack free trustee 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 exceiving 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 cut if st, or on an attack free trustee.

SIGNATURE:

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16/08

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Apr 24 1998 8:00am

Secretary of State