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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State ... DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000095433 (5)

STYLUS COMPUTERS & CELLULARS, INC.

Principal Place of Business Maining Address					5111 BA118 (A181 ÁILIT B1 <b>64</b> 8	. 11(44 (11) (41)	
2500 NORTHEAST 135 STREET. SUITE 1201 2500 NORTHEAST 135 STR NORTH MIAMI FL 33181 NORTH MIAMI FL 33181				1201			
					3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last R	leport
—	ace of Business	2a. Mailing Address			4. FEI Number 06 3 2 2	1(2)	Applied For
21		26			62-00.322	· · · · · · · · · · · · · · · · · · ·	Not Applicable
Suite, Apt.		Suite, Apt. #, etc			5. Certificate of Status Desired		5 Additional Required
City & State	e	City & State		· ·	6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	Gountry <b>30</b>		8. This corporation has lability for in Florida Statutes Yes	ntangible tax under s	199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
	•		81	Namo	a Parcia Di	9.A	
· THE LAY	<b>V FIRM OF LAWRENGE U SPIEC</b>	EL CHRID	82	Street Addr	ess (P.O. Box Number is Not Acceptable		
~343 ALM	ERIA AVENUE				NE 135 St		
- CORAL-C	BABLES FL 33134		83	5. 4	1901		
			84	City	<u>4 140/1</u>	85 Zi	in Code
				NM.	eami	FL   3	ip Code 3181
11. Pursuant t or register	to the provisions of Sections ©07 050; •ed agent, or both, in the State of Flori	2 and 607.1508, Florida St ida: Such change was auth	atutes. The above-r lorized by the corp	named corpor oration's boar	ation submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its r pintinent as registered	registered office
familiär wi	in and accept the obligations of Sec	tion (µ)7.0505, Florida Stat	utes 1	D		100 100	_
SIGNATURE	Signature typed or profes drains, of regulared ages	a a de	(NOTE: Boy record Aper	no r	oucia Dias	3/29/90	o
12.		ND DIRECTORS	13.	e pôtest increasions.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	ORS IN 12
TITLE	PTD	DELETE	1 1 THELE	[		Change	Add-tion
NAME	MOLINA, JOAO		1.2 NAME				
STREET ADDRESS	2500 NORTHEAST 135 STRE	et, suite 1201	13 S1EŁU	ADDRESS			
CITY - ST - Z-P	NORTH MIAMI FL 33181		1.4 G)*v - S	T 21P			
TITLE	VSD	DELETE	2 1 TITLE			☐ Change	Addition 1
NAME	DIAS, VERA LUCIA		2.2 NAME				
STREET ADDRESS	2500 NORTHEAST 135 STRE	EI, SUIIE 1201	2.3.STREE!	ADORESS			
CITY - ST - Z-P	NORTH MIAMI FL 33181		2 4 Cl Y - S	T - ZIP			
TITLE		DECETE	3 1 JULE			☐ Change	Addition
NAME CARCET ADDISTOR			3.2 NAME				
STREET ADDRESS			3.3 STREET	1			
CITY-ST-ZP TITLE		T DELETE	34 CITY 5	514.		☐ Change	Addition
NAME			4.2 NAME			Onlings	
STREET ADDRESS			43 \$13661	ADDRESS			
C)TY-ST-ZIP			44C-17 S		<u> 60000181</u>	7996	
TITLE		DELETE	5 1 THE		-05/13/96010	2212  Change	Addition
NAME			5.2 NAME		***200.00	o- ver	
STREET ADDRESS			5.3 \$18661	ADDRESS			
CITY - ST - ZIP			5 4 CITY - S	1 - ZIP			
TIFLE		☐ DELETE	6 1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			€ 3 STREET	ADDRESS			
City - St - 7IP	Į.		6.40fty-S	1.71			

14. Lob hereby certify that the information supplied with this fing is vountarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes | 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 afficer or director of fire 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 13 if changed/or on an attriction of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if changed/or on an attriction of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARD OFFICER OR DIRECTOR