

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Stanley B. McEwen
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V64086** (4)

1. Corporation Name
NATIONAL COMPUTER SOLUTIONS, INC.



Principal Place of Business
**12260 SW 8TH ST.
 STE. 202
 MIAMI FL 33184
 US**

2. Principal Place of Business
 21 State, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

3. Date Incorporation or Qualified **09/14/1992**
 3a. Date of Last Report **02/28/1995**
 4. FEI Number **65-0356482**
 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

g. Name and Address of Current Registered Agent
**ZAPATA, DIANE
 4720 NORTHWEST 102ND AVENUE
 SUITE 103
 MIAMI FL 33178**

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

11. Pursuant to the provisions of Sections 607.040 and 607.1103, 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. Thereby, we accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.040, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS
 TITLE [] DELETED
 NAME **PTD ROMERA, FRANCISCO MARIO**
 STREET ADDRESS **6125 EATON STREET**
 CITY-STATE-ZIP **HOLLYWOOD FL**
 TITLE [] DELETED
 NAME **SD ZAPATA, DIANNE**
 STREET ADDRESS **4720 N.W. 101ST AVENUE**
 CITY-STATE-ZIP **MIAMI FL**
 TITLE [] DELETED
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE [] DELETED
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE [] DELETED
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 13.01 TITLE [] DELETED
 13.02 NAME **PTD ROMERA, FRANCISCO MARIO** Change Addition
 13.03 STREET ADDRESS **4720 NORTHWEST 102 AVENUE**
 13.04 CITY-STATE-ZIP **SUITE 103 MIAMI, FL 33178**
 13.05 TITLE [] DELETED
 13.06 NAME **SD ZAPATA, DIANNE** Change Addition
 13.07 STREET ADDRESS **4720 NORTHWEST 102 AVENUE**
 13.08 CITY-STATE-ZIP **SUITE 103 MIAMI FL 33178**
 13.09 TITLE [] DELETED
 13.10 NAME
 13.11 STREET ADDRESS
 13.12 CITY-STATE-ZIP
 13.13 TITLE [] DELETED
 13.14 NAME
 13.15 STREET ADDRESS
 13.16 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is complete and true to the best of my knowledge and belief. I further certify that I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. This information is provided for the public use of the Department of State, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-96 305280-1100

CR2E034 (12/95)