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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90108 037 ***150.00

UCS1000

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V64086**

1. Corporation Name
NATIONAL COMPUTER SOLUTIONS, INC.



Principal Place of Business

2602 N.W. 97 AVENUE
 MIAMI FL 33172
 US

Mailing Address

2602 N.W. 97 AVENUE
 MIAMI FL 33172
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1992

4. FEI Number

65-0356482

Applied For

-Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **7205 NW 68 ST**

Suite, Apt. #, etc.

22 **4**

City & State

23 **Miami, FL**

Zip

24 **33166**

Country

25 **USA**

2a. Mailing Address

26 **7205 NW 68 ST**

Suite, Apt. #, etc.

27 **4**

City & State

28 **Miami, FL**

Zip

29 **33166**

Country

30 **USA**

9. 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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PTD ROMERA, FRANCISCO MARIO**
 STREET ADDRESS **4720 NORTHWEST 102 AVENUE SUITE 103**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME **SD ZAPATA, DIANNE**
 STREET ADDRESS **4720 NORTHWEST 102 AVENUE SUITE 103**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/99 305805-9003
 Daytime Phone #

CR2E034 (1/98)