

2-13-95 B-1097-C
AFTER MAY 1 IS \$225.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(9)

1. Corporation Naming

COMPUTER CENTER INC. OF MIAMI

95 FEB 13 AM 10:35

Principal Place of Business

Mining Address

9080 SW 72 STREET
B - 202
MIAMI FL 33173

9380 SW 72 STREET
B - 202
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. The purpose of the contract is to:

3a. Date of Land Report

01/14/1972

01/25/1994

4. FBI Number:

Applied First

59-1373758

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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5. Confidential Status, However

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes. ☒ Yes ☐ No

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ELIZABETH
9380 SOUTH WEST 72 STREET
MIAMI FL 33173

BT	Name
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SAME

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

B4	City MILWAUKEE
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FL

85	Zip Code	33170
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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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of the laborer named and title if applicable

NOTE: Hospitalized Agent admitted to hospital when hospitalized

6871

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, F O	1.2 NAME	
STREET ADDRESS	6585 SW 69TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, SUE C	2.2 NAME	
STREET ADDRESS	6585 SW 69TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in 5 U.S.C. 552 (b)(7)(C) from public release. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature is both on the return and on the statement of the individual or individuals appearing in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL ON THIS COPY

0100431 CD