

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 394253 (9) 1. Corporation Name COMPUTER CENTER INC. OF MIAMI

Principal Place of Business 9380 SW 72 STREET B-202 MIAMI FL 33173	Mailing Address 9380 SW 72 STREET B-202 MIAMI FL 33173
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2. Principal Place of Business 21 7374 S.W. 48 ST. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33155 Country 25 DAGE	2a. Mailing Address 26 7374 S.W. 48 ST. Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33155 Country 30 DAGE
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3. Date Incorporated or Qualified 01/14/1972	3a. Date of Last Report 01/25/1996
4. FEI Number 59-1373758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON ELIZABETH 9380 SOUTH WEST 72 STREET MIAMI FL 33173

10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 11001 S.W. 88 ST. APT. # A 101 83 84 City MIAMI FL 85 Zip Code 33176
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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY- ST- ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY- ST- ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY- ST- ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY- ST- ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	12 NAME
13 STREET ADDRESS	14 CITY- ST- ZIP
21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY- ST- ZIP
31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY- ST- ZIP
41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY- ST- ZIP
51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY- ST- ZIP
61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY- ST- ZIP

14. I do 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. I have signed and attached an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5-1-97
Daytime Phone: 305/662-9411

CR2E034 (9/96)