

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769816 (0)**

1. Corporation Name

**THE MIAMI P.C. USER GROUP, INC.**



Principal Place of Business

Mailing Address

% BARRY ROSE  
1399 S.W. FIRST AVE., SUITE 300  
MIAMI FL 33130

% BARRY ROSE  
1399 S.W. FIRST AVE., SUITE 300  
MIAMI FL 33130

3. Date Incorporated or Qualified  
**08/12/1983**

3a. Date of Last Report  
**02/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **1001 South Bayshore Dr # 1400**

22 City & State 27 **Miami FL**

23 Zip 28 **33131** 29 **USA**

24 Country 25 **USA**

4. FEI Number  
**59-1213732**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, BARRY  
1399 S.W. FIRST AVE.  
SUITE 300  
MIAMI FL 33130

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1001 South Bayshore Drive Suite 1400**  
83  
84 City **Miami** **FL** 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE  
NAME **MACKAI, DON**  
STREET ADDRESS **10448 SW 49TH PLACE**  
CITY-ST-ZIP **COOPER CITY FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DVP** ☐ DELETE  
NAME **KITE, VAL**  
STREET ADDRESS **18532 NW 42ND CT**  
CITY-ST-ZIP **CAROL CITY FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE  
NAME **ROSE, BARRY**  
STREET ADDRESS **5790 SW 37TH TER**  
CITY-ST-ZIP **FT LAUDERDALE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DVP** ☒ DELETE  
NAME **FEINBERG, JEFF**  
STREET ADDRESS **10 DOGWOOD ROAD**  
CITY-ST-ZIP **HOLLYWOOD FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **SIEGEL, GERALD**  
STREET ADDRESS **4404 PIERCE ST**  
CITY-ST-ZIP **HOLLYWOOD FL**

5.1 TITLE **DVP** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **TORNABELL, ERNEST, III**  
STREET ADDRESS **14825 NW 5TH AVE**  
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/31/96 305-371-620**

CR2E037 (12/95)