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Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 331301001 SOUTH BAYSHORE DRIVE  
#1400  
MIAMI FL 33131-4938  
US

3. Date Incorporated or Qualified

08/12/1983

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip Country

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25

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4. FEI Number

59-1213732

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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  
1001 SOUTH BAYSHORE DRIVE  
SUITE 1400  
MIAMI FL 33131

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 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  
NAME MACKAI, DON  
STREET ADDRESS 10448 SW 49TH PLACE  
CITY-ST-ZIP COOPER CITY FL☐ DELETE11 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DVP

☐ Change ☐ AdditionTITLE DVP  
NAME KITE, VAL  
STREET ADDRESS 18532 NW 42ND CT  
CITY-ST-ZIP CAROL CITY FL☒ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE DT  
NAME ROSE, BARRY  
STREET ADDRESS 5790 SW 37TH TER  
CITY-ST-ZIP FT LAUDERDALE FL☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE DVP  
NAME SIEGEL, GERALD  
STREET ADDRESS 4404 PIERCE ST  
CITY-ST-ZIP HOLLYWOOD FL☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE S  
NAME TORNABELL, ERNEST, III  
STREET ADDRESS 14825 NW 5TH AVE  
CITY-ST-ZIP MIAMI FL☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

P.D.

☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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 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 # 0026619

CP2E037 (9/96)