

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F54429** (8)

1. Corporation Name

PERSONAL COMPUTER STORE, INC.



Principal Place of Business

1134 S. DIXIE HWY.
CORAL GABLES FL 33146
US

Mailing Address

10330 S.W. 58TH CT.
MIAMI FL 33156
US

2. Principal Place of Business

2a. Mailing Address

21 10330 SW 58 CT

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FL

28 Zip

24 33156

Country

25 USA

29 Zip

Country

30

3. Date Incorporated or Qualified

11/30/1981

3a. Date of Last Report

08/08/1995

4. FEI Number

59-2143106

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

This was changed on 1995 Filing. See attached.

FELS & FELS
1320 S. DIXIE HWY STE 200
CORAL GABLES FL 33146

John Q. Chin
10830 SW 113 Place
MIAMI, FL 33176

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DVM
STREET ADDRESS ROMKEY, THOMAS
CITY - ST - ZIP 10330 S.W. 58TH CT.
MIAMI FL

TITLE ☐ DELETE
NAME DPS
STREET ADDRESS ROMKEY, MAY
CITY - ST - ZIP 10330 S.W. 58TH CT.
MIAMI FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS ROMKEY, MAY
CITY - ST - ZIP 10330 S.W. 58TH CT.
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

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 607, 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

MAY ROMKEY 4-16-96 305-667-3313

Date

Daytime Phone #

CR2E034 (12/95)