

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000003718

1. Corporation Name

MICROCOMPUTERS, PERIPHERALS & SERVICES, INC.

Principal Place of Business

1820 W. CALTON ROAD  
LAREDO TX 78041

Mailing Address

101 W. HILLSIDE  
SUITE 6-B  
LAREDO TX 78041

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90005 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2115 NW 84th AVE		26 2115 NW 84th AVE		07/23/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		74-2666301	
24 Zip		29 Zip		5. Certificate of Status Desired	
33122		33122		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
USA		USA		Trust Fund Contribution	
25		30		8. This corporation owes the current year Intangible	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Personal Property Tax.	
RAMIREZ, FRANCISCO		81 Name		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2115 N.W. 84TH AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33122		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 reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 TITLE		
NAME			Chairman		
STREET ADDRESS			Moreno Martin M		
CITY-ST-ZIP			2115 NW 84th AVE		
LAREDO TX 78041			Miami FL 33122		
TITLE			2.1 TITLE		
NAME			Secretario		
STREET ADDRESS			Cuen, Enrique O.		
CITY-ST-ZIP			2115 NW 84th AVE		
LAREDO TX 78041			Miami FL 33122		
TITLE			3.1 TITLE		
NAME			Director		
STREET ADDRESS			De La Vega Francisco		
CITY-ST-ZIP			2115 NW 84th AVE		
LAREDO TX 78041			Miami FL 33122		
TITLE			4.1 TITLE		
NAME			President		
STREET ADDRESS			Ramirez, Francisco		
CITY-ST-ZIP			2115 NW 84th AVE		
LAREDO TX 78041			Miami FL 33122		
TITLE			5.1 TITLE		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
LAREDO TX 78041					
TITLE			6.1 TITLE		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
LAREDO TX 78041					

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04/05/99 305-513-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0559314

CD25024 1/1/08