

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

1-18-95 B-0129-NC

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 8:48

DOCUMENT # **H35630** (3)

1. Corporation Name
LAACS COMPUTER SUPPLIES, INC.

Principal Place of Business Mailing Address
1750 NW 82ND AVE. MIAMI FL 33126 **1750 NW 82ND AVE. MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/27/1984** 3a. Date of Last Report **02/11/1994**

2. Principal Place of Business 2b. Mailing Address
21 Subd. Apt. #, etc. 26 Subd. Apt. #, etc.

4. FEI Number **59-2482982** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip 28 Zip

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

24 Country 25 Country 29 Country 30 Country

8. The corporation has liability for intangible tax under § 1961.03, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LA BORBOLLA, EDGARDO
1750 NW 82ND AVE.
MIAMI FL 33126

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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. Thereby 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 of agent (if applicable) (SEE FEI) (Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	DP
NAME	DE LA BORBOLLA, EDGARDO
STREET ADDRESS	#3 COL. EL PRADO 1A AVE
CITY ST ZIP	TEGUCIGALPA, HONDURAS
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 191.02(1)(b), 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 use 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:

Jose Edgardo de la Borbolla
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR
Jose Edgardo de la Borbolla

1/10/95 (305) 593-6185
DATE TIME