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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H35630

LAACS COMPUTER SUPPLIES, INC.

Principal Plac	ce of Business	Mailing Address			1 100/041 0100 (1101 01146 01492 11)	#1+ #1#£1 #1#11 (##1
1750 NW 82N0	= .	1750 NW 82ND AVE.					
MIAMI FL 3312	26	MIAMI FL 33126			DO NOT WRI	TE IN THIS SPACE	
			•		3. Date Incorporated or Qualifed	TE IN THIS SPACE	
	•				12/27/1984		
2. Principal F	Place of Business	2a. Mailing Address		•	4. FEI Number		Applied For
21		26			59-2482982		Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			E Contiferts of Status Desired	\$8.7	5 Additional
22	•	27			5. Certificate of Status Desired	· □ · Feé	Required
City & Sta	te	City & State			6. Election Campaign Financing)0 May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	· <u>-</u>	⊠No
24	25	29	30		Personal Property Tax. 10. Name and Address of New F	Yes	E No
	9. Name and Address of Currer	it Registered Agent	81 1	Name	10. Name and Address of New F	Registered Agent	
. DE	LA BORBOLLA, EDGARDO	•					
	0 NW 82ND AVE.	•	82 3	Street Addre	ess (P.O. Box Number is Not Accepta	able)	
MIA	MI FL 33126		83			Control of the second s	TO THE STATE OF STATE
	•						6 ala 216 156
			84 (City	n who electronic terms of the second	E I 85 Z	ip Códe
		4 * 4 * 1 * 1 * 1 * 1			oration submits this statement for the	numose of changing	its registered
14 Pureirant	to the provisions of Sections 607 050	i2 and 607 1508. Florida Statut					
office or	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida: Such change was a	uthorized by the	amed corpo e corporatio	n's board of directors. I hereby accep	ot the appointment as	registered
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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 any 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 empower 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 attemption with an application of the corporation of the corporat

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

593-6185

FILED

Feb 08, 1999 8:00am

Secretary of State

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02-08-1999 90021 023 ***150.00