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

PROFIT
CORPORATION
ANNUAL REPORT
2000 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J73367
THE COMPUTER WORKSHOP INC.

(1)

FILED May 10, 2000 8:00 am Secretary of State

05-10-2000 90183 027 ***150.00

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Principal Place	Mailing Address				TARANIE EINEÄTTAR MINTE HING BENERARI BERNI	TIALI ETTEL I	HEN BIGG	PITTERNA	
4910 SW 102 MIAMI FL 331		4910 SW 102 COURT MIAM1 FL 33165				DO NOT WRITE IN T	IS SPAC	Έ	
,						3. Date Incorporated or Qualified			
						05/18/1987			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
1		26			59-2803684			t Applicat	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	\$8.75 Additional Fee Required	
City & State	9	City & State				6. Election Campaign Financing	_ \$	5.00	May Be
		28		= :===================================		Trust Fund Contribution		Added to	o Fees
Zip . I	Country 25	Zip Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registe	red Ager	it	
- KIE	EIN, DAVID A.	- , .		81	Name	ì			
	IO SW 102 COURT	82 Street Addre			ress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33165		Street Addition							
. 11417	WW 1 2 00 100			83		,		_	
		·			01-		85	Zip C	- Ode
				84	City	7	FL °°		,,,,,,
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ile of Hiorida. Such change was	s Buthorized	ו עם ם	named corpora	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of char appointm	nging its nent as i	s registere registered
SIGNATURE	Signature, typed or printed name of registered a	and life Manufachia (N	OTE: Pagieteras	1 Acerd	elonah ya maru i	ired when reinstating) DA	TE		
12,		ND DIRECTORS	13.	- Adding	albrace redu	ADDITIONS/CHANGES TO OFFICERS		ECTOR	S IN 12
TITLE	PVS	DELETE	1,1 77	TLE		i i		Change	Addit
NAME	KLEIN, DAVID A.	, —		1.2 NAME			• •		
STREET ADDRESS	4910 SW 102 COURT			1.3 STREET ADDRESS					
CITY+ST+ZIP	MIAMI FL			TY-ST-		ν.			
TITLE	TD	DELETE	-	2.1 TITLE				Change	Addi
NAME	KLEIN, DAVID A.	•	2.2 N	2.2 NAME					
STREET ADDRESS	4910 SW 102 COURT		2.3 STREET		DORESS				
CITY-ST-ZIP	MIAMI FL		2.40	2. 4 CITY-ST-ZIP					
TITLE		DELETE					. 🔲	Change	Addi
NAME			3.2 N	AME					
STREET ADDRESS			3.3 ST	TREET A	DORESS				
						·			

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 ar 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4,1 TITLE 4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

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CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 4-24-00 (305) 274-747

Change

Change

Change

Addir

Addir