

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K03416**

(0)

1. Corporation Name

BYTE SHOP SOUTH, INC.



Principal Place of Business

**8239 S DIXIE HWY
MIAMI FL 33143**

Mailing Address

**8239 S DIXIE HWY
MIAMI FL 33143**

3. Date Incorporated or Qualified
11/13/1987

3a. Date of Last Report
06/20/1995

4. FEI Number
65-0013820

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

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**MARTINEZ, FELIPE
10801 S.W. 109TH CT. #D-409
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name **FELIPE MARTINEZ**
82 Street Address (P.O. Box Number is Not Acceptable)
6901 SW 110 AV
83
84 City **Miami, FL** 85 Zip Code **33173**

11. Pursuant to the provisions of Sections 607.0302 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) Type or print full name and address of the officer or director.

(Signature) Type or print full name and address of the officer or director.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	MARTINEZ, PEDRO J.	
STREET ADDRESS	12405 S.W. 93RD AVENUE	
CITY-STATE-ZIP	MIAMI FL 33176	
TITLE	VS	☐ DELETE
NAME	MARTINEZ, FELIPE	
STREET ADDRESS	10801 S.W. 109TH CT. #D409	
CITY-STATE-ZIP	MIAMI FL 33176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is truthfully 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-96

305 666 7467

CR2E034 (12/95)