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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K88177 (6)

1. Corporation Name  
ADVANCED MICRO COMPUTERS, INC.



Principal Place of Business

Mailing Address

10807 AVENIDA SANTA ANA  
SUITE A  
BOCA RATON FL 33498  
US

10807 AVENIDA SANTA ANA  
SUITE A  
BOCA RATON FL 33498-6717  
US

3. Date Incorporated or Qualified  
05/11/1989

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 8385 SPRINGLAKE DR  
Suite, Apt. #, etc.

26 541-43 Street Rd  
Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0117778

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

22 City & State

27 City & State

23 BOCA RATON FL

28 SOUTHAMPTON PA

24 Zip 33496

25 Country USA

29 Zip 18966

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAIN ROBERT C., JR.  
200 S. BISCAYNE BLVD.  
SUITE 2920  
MIAMI FL 33131-2318

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 Eileen Goffman

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 D  
NAME GOFFMAN, DAVID  
STREET ADDRESS 10807 AVENIDA SANTA ANA  
CITY - ST - ZIP BOCA RATON FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE D  
NAME GOFFMAN, EILEEN  
STREET ADDRESS 10807 AVENIDA SANTA ANA  
CITY - ST - ZIP BOCA RATON FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-97 215-322-7995

CR2E034 (9/96)