

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K88367

(3)

1. Corporation Name

FOUR SEAS COMPUTER, INC.

Principal Place of Business

**C/O JASON HO
5655 N.W. 84TH AVENUE
MIAMI FL 33166**

Mailing Address

**C/O JASON HO
5655 N.W. 84TH AVENUE
MIAMI FL 33166**



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HO, JASON
5655 N.W. 84TH AVENUE
MIAMI FL 33166**

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 607.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HO, JASON	
STREET ADDRESS	5655 N.W. 84TH AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	HO, MILENA S	
STREET ADDRESS	5655 NW 84TH AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this form is correct and does not qualify for the exception stated in Section 139.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary statement is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the information provided is provided to exclude 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 attached statement of address.

SIGNATURE: Jason Ho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-96

(305) 591 8797

CR2E034 (12/95)