

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **L33539** (2)

1. Corporation Name

TECHNICAL INSTITUTE OF COMPUTER SCIENCE, INC.



Principal Place of Business

**4995 NW 72ND AVENUE, STE. 307
MIAMI FL 33166**

Mailing Address

**4995 NW 72ND AVENUE, STE. 307
MIAMI FL 33166**

3. Date Incorporated or Qualified

11/29/1989

3a. Date of Last Report

07/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0160012

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSEN, BORIS
4995 NW 72ND. AVE.
STE. 307
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 607.1508, 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 of corporation or its duly authorized agent and the name and address of the corporation.

Signature of Registered Agent and address of the agent.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
KLAHR, JOSE
4995 NW 72ND. AVE. STE. 307
MIAMI FL 33166**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**V
KLAHR, LISA
4995 NW 72ND. AVE. STE. 307
MIAMI FL 33166**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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: **X L K Lahr (Lisa Klahr)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96

305-5925888

CR2E034 (12/95)