	NOW: FILING F	EE AFTER MAY 1	ST IS \$55	50.00	_ F	ILED	
			DEPARTMENT		Mar 06	1998 8:	00am
ANNUAL REPORT		N-56-17	Secretary of State		Secretary of State		
						ary or b	late
	n Name — — — —	9465 (3	9				
COMPL	JTER TECHNICIANS,	INC.					
Principal Place	e of Business	Mailing Address					
10441 NW 28		10441 NW 28 S	10441 NW 28 ST #101A				
SUITE 101A Miami Fl 33172 US			MIAMI FL 33172		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
	<u></u>				07/27/1990		
2. Principal P 21	lace of Business	2a, Mailing Addr 26	BSS		4. FEI Number 65-0205953	N	pplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired		Additional equired
City & State	e	Cily & Stato			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zір 24	Country 25	Zip 29	30	intry	 This corporation owes or has p Personal Property Tax due Jun 		tangible No
	9. Name and Address of	1 Current Registered Agent	30	••••	10. Name and Address of New R		
	AZ, EMILIA 441 NW 28 STREET			81 Name 82 Street Add	tons (D.O. Boy Number la Not Accopt		
SU	NTE 101A				ress (P.O. Box Number Is Not Accepta	(BIB)	
ML	AMI FL 33172			83			0.4
				84 City			Code
				· · · · · · · · · · · · · · · · · · ·			an an allast and
agent La	to the provisions of Sections registered agent, or both, in t im familiar with, and accept th	607.0502 and 607.1508, Florid the State of Florida Such chan he obligations of, Section 607.	a Statutes, the al ge was authorize 0505, Florida Stat	ove-named cor d by the corpora lutes.	poration submits this statement for the tion's board of directors. I hereby acc	purpose of changing i ept the appointment as	its registered s registered
agent Ta SIGNATURE	Im familiar with, and accept 1	ne obligations of, Section 607.	(NOTE Registere	bove-named cor d by the corpora lutes. d Agent signature requ	ired when reinstating)	DATE	
agent La	Im familiar with, and accept 1	ne obligations of, Section 607.	(NOTE Registere 13.	d Agent signature requ		DATE	
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