

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M41833** (8)  
1. Corporation Name  
**A-S COMPUTER SYTEMS, INC.**



Principal Place of Business <b>C/O MIGUEL RODRIGUEZ 4471 NW 36 ST #211 MIAMI FL 33166</b>	Mailing Address <b>C/O MIGUEL RODRIGUEZ 4471 NW 36 ST #211 MIAMI FL 33166</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 315 S.E. MIZNER BLVD.</b>		2a. Mailing Address <b>26 315 S.E. MIZNER BLVD</b>		3. Date Incorporated or Qualified <b>11/18/1986</b>	
Suite, Apt. #, etc. <b>22 204</b>		Suite, Apt. #, etc. <b>27 204</b>		4. FEI Number <b>59-2737745</b>	
City & State <b>23 BOCA RATON, FL</b>		City & State <b>28 BOCA RATON, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33432</b>		Zip <b>29 33432</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 PALM BEACH</b>		Country <b>30 PALM BEACH</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, MIGUEL  
4471 NW 36 ST #211  
MIAMI FL 33166**

81 Name <b>RODRIGUEZ, MIGUEL A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>315 S.E. MIZNER BLVD</b>
83 <b>SUITE 204</b>
84 City <b>BOCA RATON</b>
85 Zip Code <b>FL 33432</b>

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

*Miguel A. Rodriguez* **PRESIDENT**  
Signature, typed or printed name of registered agent and title (not acceptable) (NOTE: Registered Agent signature required when reinstating)

DATE

**1/26/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>RODRIGUEZ, MIGUEL</b>	
STREET ADDRESS <b>4471 NW 36 ST #211</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Miguel A. Rodriguez* **PRESIDENT**

**1/26/98 (561) 362-9295**

CR2E034 (10/97)