

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

3-2743

55 FEB 28 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013081 (3)

1. Corporation Name

JCC COMPUTERS, INC.

Principal Place of Business

1611 NW 84 AVE  
MIAMI FL 33126-1031  
US

Mailing Address

1611 NW 84 AVE  
MIAMI FL 33126-1031  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0389575

Applied For

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

2. Principal Place of Business

21 1611 NW 84 AVE

2a. Mailing Address

26 1611 NW 84 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33126 25 US

Zip

29 33126 30 US

9. Name and Address of Current Registered Agent

ZHANG, MICHAEL X  
BECKER & POLIAKOFF  
3111 STIRLING ROAD  
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                                      |
|----------------|--------------------------------------|
| TITLE          | D                                    |
| NAME           | MAN HON, MA                          |
| STREET ADDRESS | 478 N.E. 210TH CIRCLE TERRACE, # 201 |
| CITY, ST, ZIP  | N. MIAMI BEACH FL                    |
| TITLE          | D                                    |
| NAME           | MING LAM, WU                         |
| STREET ADDRESS | 478 N.E. 210TH CIRCLE TERRACE, # 201 |
| CITY, ST, ZIP  | N. MIAMI BEACH FL                    |
| TITLE          | D                                    |
| NAME           | SHEUNG WO, MUNCH                     |
| STREET ADDRESS | 478 N.E. 210TH CIRCLE TERRACE, # 201 |
| CITY, ST, ZIP  | N. MIAMI BEACH FL                    |
| TITLE          |                                      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY, ST, ZIP  |                                      |
| TITLE          |                                      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY, ST, ZIP  |                                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |                                                                              |
|--------------------|----------------------|------------------------------------------------------------------------------|
| 1. TITLE           | GENERAL MANAGER      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME            | LE MIN, FENG         |                                                                              |
| 3. STREET ADDRESS  | 8363 LAKE DRIVE #406 |                                                                              |
| 4. CITY, ST, ZIP   | MIAMI FL 33166       |                                                                              |
| 21. TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22. NAME           |                      |                                                                              |
| 23. STREET ADDRESS |                      |                                                                              |
| 24. CITY, ST, ZIP  |                      |                                                                              |
| 31. TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32. NAME           |                      |                                                                              |
| 33. STREET ADDRESS |                      |                                                                              |
| 34. CITY, ST, ZIP  |                      |                                                                              |
| 41. TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42. NAME           |                      |                                                                              |
| 43. STREET ADDRESS |                      |                                                                              |
| 44. CITY, ST, ZIP  |                      |                                                                              |
| 51. TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52. NAME           |                      |                                                                              |
| 53. STREET ADDRESS |                      |                                                                              |
| 54. CITY, ST, ZIP  |                      |                                                                              |
| 61. TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62. NAME           |                      |                                                                              |
| 63. STREET ADDRESS |                      |                                                                              |
| 64. CITY, ST, ZIP  |                      |                                                                              |

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 110.07(3)(b), 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 or changed, or on an attachment with an addendum.

SIGNATURE:

MAN HON, MA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/95

305-593-806

Date

Telephone Number