

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 # **P93000023687 (5)**

1. Corporation Name
ORBIT U.S.A. COMPUTERS, INC.



Principal Place of Business: **113 SE 1ST AVE MIAMI FL 33131 US**
Mailing Address: **113 SE 1ST AVE MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **03/23/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0406428**
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 (21-24) and 2a. Mailing Address (26-29) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**PLACUCCI, CARLOS E
123 SE 1ST AVE.
MIAMI FL 33131**

10. Name and Address of New Registered Agent (81-84)
81 Name: **CARLOS E. PLACUCCI**
82 Street Address (P.O. Box Number is Not Acceptable): **3630 N.W. 85 WAY #307**
83
84 City: **SUNRISE** FL 85 Zip Code: **33351**

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 Florida State Dept. of State Registered Agent signature required when receiving) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PLACUCCI, LUIZ C.	
STREET ADDRESS	123 SE 1ST AVE.	
CITY - ST - ZIP	MIAMI - FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLACUCCI, CARLOS E.	
STREET ADDRESS	3630 NW 85 WAY #307	
CITY - ST - ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PLACUCCI, CESAR A.	
STREET ADDRESS	3630 NW 85 WAY #307	
CITY - ST - ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	D/P/T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PLACUCCI, CESAR A.	
33 STREET ADDRESS	9617 NW 42 ST	
34 CITY - ST - ZIP	SUNRISE, FL 33351	
41 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DEPAULA, HELEN K.	
43 STREET ADDRESS	3044 S.W. 127 AVE	
44 CITY - ST - ZIP	MIAMI - FL - 33133	
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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HELEN K. DEPAULA

04/18/96 (305) 530 0777
Date of Filing
Daytime Phone

CR2E034 (12/95)