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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P98000036853

1. Corporation Name

MULTI_COMPUTER INTERNATIONAL INC.

Principal Place of Business	Mailing Address
141 NE 3RD AVENUE SUITE 206 MIAMI FL 33132	141NE 3RD AVENUE SUITE 206 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
24 444 BRICKELL AVE.
Suite, Apt. #, etc.
SUITE 750
City & State
MIAMI FL
Zip 33131 25 Country

2a. Mailing Address
26 444 BRICKELL AVE.
Suite, Apt. #, etc.
27 suite 750
City & State
28 MIAMI FL
Zip 29 33131 30 Country

3. Date Incorporated or Qualified

4. FEI Number 65-0409593 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

B&L BUSSINES LEGAL
141NE 3RD AVE.9TH FLOOR
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name: MILLENNIA CONSULTING SERV INC
82 Street Address (P.O. Box Number is Not Acceptable): 444 BRICKELL AVE.#750
83
84 City: MIAMI FL 85 Zip Code: 33131

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: _____ (Registered Agent Signature Required on this Line) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME LAGO,JOSE IVO P STREET ADDRESS 141 NE 3RD AVE S 206 CITY-ST-ZIP MIAMI FL	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

$6.25

CR2E034 (10/97)

14. I do 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: _____ 06-19-98