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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037534 (3)

## FILED Apr 27 1998 8:00am Secretary of State

| AHIES                                                                                                                                                                                                                                                                                                                             | COMPUTER D                                                          | DISTRIBUTORS,                                                                                  | , INC.                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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Name and A                                                       | ddress of Current                                                                              | [29]<br>Registered Agent                   | 1301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             | 10. 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Zip(                      | Code                                                 |
| 11. Purguan                                                                                                                                                                                                                                                                                                                       | to the provisions of                                                | Sections 607 0502                                                                              | nd 607 1508 Florida                        | Statutes the aby                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                | e registered                                         |
| 11. Pursuan<br>office or<br>agent. I<br>SIGNATURE                                                                                                                                                                                                                                                                                 | IWW                                                                 | Sections 607.0502<br>both, in the State<br>d accept the obligate<br>d name of registered agent | T MAN                                      | UEL C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CAN                                                                                                                                                                                                                                                                                         | corporation submits this state oration's board of directors. In the property of the property o | ment for the p<br>hereby accep | urpose of chart the appoint       | nanging its<br>stment as            | s registered<br>registered<br>78                     |
|                                                                                                                                                                                                                                                                                                                                   | IWW                                                                 |                                                                                                | nd title if applicable.                    | (NOTE: Registered /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CAN                                                                                                                                                                                                                                                                                         | 110 - 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| SIGNATURE                                                                                                                                                                                                                                                                                                                         | Signature, typed or printe                                          | d name of registered agent<br>OFFICERS AND                                                     | and title if applicable.                   | (NOTE: Registered /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Agent signature ri                                                                                                                                                                                                                                                                          | 170 - 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| SIGNATURE                                                                                                                                                                                                                                                                                                                         | Signature, typed or printe  D  OCAMPO, MA                           | d name of registered agent<br>OFFICERS AND                                                     | nd title if applicable.                    | (NOTE: Registered /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Agent eighature ri                                                                                                                                                                                                                                                                          | 170 - 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| SIGNATURE  12.  TITLE                                                                                                                                                                                                                                                                                                             | Signature, typed or printe  D  OCAMPO, M/ 3120 NW 991               | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | nd title if applicable.                    | (NOTE: Registered )  13.  ETE 1.1 TITL 12 NAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Agent eighature ri                                                                                                                                                                                                                                                                          | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE<br>ERS AND D                 | IRECTOR                             | 7 0<br>S IN 12                                       |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                                                                                                                                          | Signature, typed or printe  D  OCAMPO, MA                           | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | Ond title of application.  PIRECTORS  DELI | (NOTE: Registered : 13. ETE 1.1 TITL 12 NAA 1.3 STR: 1.4 CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Agent signature ri                                                                                                                                                                                                                                                                          | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE<br>ERS AND D                 | IRECTOR<br>Change                   | S IN 12                                              |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                                                                                                                                                                                                                                   | Signature, typed or printe  D  OCAMPO, M/ 3120 NW 991               | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | nd title if applicable.                    | (NOTE: Registered :  13.  ETE 1.1 TITL 12 NAA 1.3 STR: 1.4 CITY  ETE 2.1 TITL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Agent sighature ri  E  AE  EET ADDRESS (-ST-ZIP  E                                                                                                                                                                                                                                          | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE<br>ERS AND D                 | IRECTOR                             | 7 0<br>S IN 12                                       |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                              | Signature, typed or printe  D  OCAMPO, M/ 3120 NW 991               | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | Ond title of application.  PIRECTORS  DELI | (NOTE: Registered : 13. ETE 1.1 TITL 12 NAA 1.3 STR: 1.4 CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Agent sighature ri  E  AE  EET ADDRESS (-ST-ZIP  E                                                                                                                                                                                                                                          | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE<br>ERS AND D                 | IRECTOR<br>Change                   | S IN 12                                              |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                                                                                                                                                                                                                                   | Signature, typed or printe  D  OCAMPO, M/ 3120 NW 997  MIAMI FL 331 | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | Ond title of application.  PIRECTORS  DELI | (NOTE: Registered :  13.  ETE 1.1 TITL 1.2 NAA 1.3 STR: 1.4 CITY ETE 2.1 TITL 2.2 NAA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Agent sighature ri  E  AE  EET ADDRESS (-ST-ZIP  E                                                                                                                                                                                                                                          | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE<br>ERS AND D                 | IRECTOR<br>Change                   | S IN 12                                              |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                                                                                                | Signature, typed or printe  D  OCAMPO, M/ 3120 NW 997  MIAMI FL 331 | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Registered :  13.  ETE 1.1 TITL 1.2 NAA 1.3 STR: 1.4 CITY ETE 2.1 TITL 2.2 NAA 2.3 STR: 2.4 CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Agent eigheture in  E  AE  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP                                                                                                                                                                                                                  | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE<br>ERS AND D                 | IRECTOR Change Change               | S IN 12 Addition                                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                                                                                                                                                                                         | Signature, typed or printe  D  OCAMPO, M/ 3120 NW 997  MIAMI FL 331 | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | Ond title of application.  PIRECTORS  DELI | (NOTE: Registered :  13.  ETE 1.1 TITL 1.2 NAA 1.3 STR: 1.4 CITY ETE 2.1 TITL 2.2 NAA 2.3 STR: 2.4 CIT ETE 3.1 TITL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E                                                                                                                                                                                        | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE<br>ERS AND D                 | IRECTOR<br>Change                   | S IN 12                                              |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME                                                                                                                                                                                                             | Signature, typed or printe  D  OCAMPO, M/ 3120 NW 997  MIAMI FL 331 | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned  13.  ETE 1.1 TITL  1.2 NAA  1.3 STR:  1.4 CITY  ETE 21 TITL  2.2 NAA  2.3 STR:  2.4 CIT  ETE 3.1 TITL  3.2 NAA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E                                                                                                                                                                                       | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE<br>ERS AND D                 | IRECTOR Change Change               | S IN 12 Addition                                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                                                                                                         | Signature, typed or printe  D  OCAMPO, M/ 3120 NW 997  MIAMI FL 331 | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned  13.  ETE 1.1 TITL  1.2 NAA  1.3 STR:  1.4 CITY  ETE 21 TITL  2.2 NAA  2.3 STR:  2.4 CIT  ETE 3.1 TITL  3.2 NAA  3.3 STR!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS HE  EET ADDRESS                                                                                                                                                                                   | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE<br>ERS AND D                 | IRECTOR Change Change               | S IN 12 Addition                                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                            | Signature, typed or printe  D  OCAMPO, M/ 3120 NW 997  MIAMI FL 331 | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned  13.  ETE 1.1 TITL  1.2 NAA  1.3 STR:  1.4 CITY  ETE 21 TITL  2.2 NAA  2.3 STR:  2.4 CIT  ETE 3.1 TITL  3.2 NAA  3.3 STR!  3.4. CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP                                                                                                                                                                 | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE ERS AND D                    | IRECTOR Change Change               | S IN 12 Addition Addition                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  THE                                                                                                                                                                   | Signature, typed or printe  D  OCAMPO, M/ 3120 NW 997  MIAMI FL 331 | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned  13.  ETE 1.1 TITL  1.2 NAA  1.3 STR:  1.4 CITY  ETE 21 TITL  2.2 NAA  2.3 STR:  2.4 CIT  ETE 3.1 TITL  3.2 NAA  3.3 STR!  3.4 CITY  ETE 4.1 TITL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E                                                                                                                                     | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE ERS AND D                    | IRECTOR Change Change               | S IN 12 Addition                                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  NAME                                                                                                                                                      | Signature, typed or printe  D OCAMPO, M/ 3120 NW 997 MIAMI FL 331   | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned.)  13.  ETE 1.1 TITL  1.2 NAA  1.3 STR:  1.4 CITY  ETE 21 TITL  2.2 NAA  2.3 STR:  2.4 CIT  ETE 3.1 TITL  3.2 NAA  3.3 STR:  3.4. CIT'  ETE 4.1 TITL  4.2 NAA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Agent eigheture in  E  AE  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  ME                                                                                                                             | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE ERS AND D                    | IRECTOR Change Change               | S IN 12 Addition Addition                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                                                               | Signature, typed or printe  D OCAMPO, M/ 3120 NW 997 MIAMI FL 331   | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned.)  13.  ETE 1.1 TITL  1.2 NAA  1.3 STR:  1.4 CITY  ETE 21 TITL  2.2 NAA  2.3 STR:  2.4 CIT  ETE 3.1 TITL  3.2 NAA  3.3 STR:  3.4. CITY  ETE 4.1 TITL  4.2 NAA  4.3 STR:  4.3 STR: | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  AE  EET ADDRESS  HE  EET ADDRESS  HE  EET ADDRESS  HE  EET ADDRESS  HE  EET ADDRESS                                                                         | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE ERS AND D                    | IRECTOR Change Change               | S IN 12 Addition Addition                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP                                                              | Signature, typed or printe  D OCAMPO, M/ 3120 NW 997 MIAMI FL 331   | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned at 13.  ETE 1.1 TITL 1.2 NAA 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAA 3.3 STRI 3.4 CITY ETE 4.1 TITL 4.2 NAA 4.3 STRI 4.4 CITY | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  ME  EET ADDRESS (-ST-ZIP)  E  MC  F  MC  EET ADDRESS (-ST-ZIP)                                                                                              | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE ERS AND D                    | IRECTOR Change Change Change        | S IN 12 Addition Addition Addition                   |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                     | Signature, typed or printe  D OCAMPO, M/ 3120 NW 997 MIAMI FL 331   | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned at 13.  ETE 1.1 TITL 1.2 NAA 1.3 STR: 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR: 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR: 3.4 CIT ETE 4.1 TITL 4.2 NAA 4.3 STR: 4.4 CITY ETE 5.1 TITL 5.2 NAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS                                                                  | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE ERS AND D                    | IRECTOR Change Change Change        | S IN 12 Addition Addition Addition                   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                     | Signature, typed or printe  D OCAMPO, M/ 3120 NW 997 MIAMI FL 331   | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned.)  13.  ETE 1.1 TITL  1.2 NAA  1.3 STR:  1.4 CITY  ETE 21 TITL  2.2 NAA  2.3 STR:  2.4 CIT  ETE 3.1 TITL  3.2 NAA  3.3 STR:  3.4 CITY  ETE 4.1 TITL  4.2 NAA  4.3 STR:  4.4 CITY  ETE 5.1 TITL  5.2 NAA  5.3 STR:  5.3 STR:  5.4 CITY  5.5 NAM  5.5 STR:  1.5 CITY  5.5 NAM  5.5 STR:  1.6 CITY  5.7 NAM  5.7 STR:  5.7 NAM  5.7 STR:  5.8 NAM  5.8 STR:  5.8 STR:  1.1 TITL  5.2 NAM  5.3 STR:  1.1 TITL  5.2 NAM  5.3 STR:  1.2 NAM  5.3 STR:  1.3 CITY  5.3 STR:  1.4 CITY  5.3 STR:  5.4 STR:  5.5 STR:  5.7  | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS                                                                  | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE ERS AND D                    | IRECTOR Change Change Change        | S IN 12 Addition Addition Addition                   |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE       | Signature, typed or printe  D OCAMPO, M/ 3120 NW 997 MIAMI FL 331   | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned at 13.  ETE 1.1 TITL 1.2 NAA 1.3 STR: 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR: 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR: 3.4 CIT ETE 4.1 TITL 4.2 NAA 4.3 STR: 4.4 CITY ETE 5.1 TITL 5.2 NAM 5.3 STR: 5.4 CITY ETE 6.1 TITL 5.2 NAM 5.3 STR: 5.4 CITY ETE 6.1 TITL 5.3 NAM 5.3 STR: 5.4 CITY ETE 6.1 TITL 5.4 C | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  E  EET ADDRESS (-ST-ZIP)  E  E  EET ADDRESS (-ST-ZIP)  E                                               | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE ERS AND D                    | IRECTOR Change Change Change        | S IN 12 Addition Addition Addition                   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME | Signature, typed or printe  D OCAMPO, M/ 3120 NW 997 MIAMI FL 331   | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned at 13.  ETE 1.1 TITL 1.2 NAA 1.3 STR: 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR: 2.4 CITY 3.1 TITL 3.2 NAA 3.3 STR: 3.4 CITY ETE 4.1 TITL 4.2 NAA 4.3 STR: 4.4 CITY ETE 5.1 TITL 5.2 NAM 5.3 STR: 5.4 CITY ETE 6.1 TITL 6.2 NAA 5.3 STR: 5.4 CITY ETE 6.1 TITL 6.2 NAA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS (-ST-ZIP)  E | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE ERS AND D                    | IRECTOR Change Change Change Change | S IN 12 Addition Addition Addition Addition Addition |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE       | Signature, typed or printe  D OCAMPO, M/ 3120 NW 997 MIAMI FL 331   | d name of registered agent<br>OFFICERS AND<br>ANUEL<br>TH CT.                                  | DELI                                       | (NOTE: Requisioned.)  13.  ETE 1.1 TITL  1.2 NAA  1.3 STR:  1.4 CITY  ETE 2.1 TITL  2.2 NAA  2.3 STR:  2.4 CIT  3.1 TITL  3.2 NAA  3.3 STR:  3.4 CITY  ETE 4.1 TITL  4.2 NAA  4.3 STR:  4.4 CITY  ETE 5.1 TITL  5.2 NAA  5.3 STR:  5.4 CITY  ETE 6.1 TITL  6.2 NAA  6.3 STRI  6.3 ST | Agent eigheture in  E  AE  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  E  EET ADDRESS (-ST-ZIP)  E  E  EET ADDRESS (-ST-ZIP)  E                                               | 170 - PUSSI<br>equired when reinstaling)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DENI                           | DATE ERS AND D                    | IRECTOR Change Change Change Change | S IN 12 Addition Addition Addition Addition Addition |

4. 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 about its 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 coolpration or of the receiver or proceeding the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

SIGNATURE

MANUEL

DIAMPO

4-20-98 305-477-1663