**PROFIT** CORPORATION ANNUAL REPORT

1999

i.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. COIP	CUMENT # P930 cration Name S COMPUTER DISTRIBUTO					
Principa	Place of Business	Mailing Address				,
3120 NW	99TH CT.	CT. 3120 NW 99TH CT.				
MIAMI FL	. 33172 				DO NOT WRITE IN THIS SPACE	
1					3. Date Incorporated or Qualifed	
-				05/21/1993		
2. Princ	ipal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	<u> </u>	26			65-0420327	Not Applicabl
Suite	), Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required.
	& State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	<del></del>	8. This corporation owes the current year	
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
•	9. Name and Address of Current Registered Agent			1	10. Name and Address of New Register	ed Agent
	COAMPO MONICA		81	Name		
1	OCAMPO, MONICA 3120 NW 99TH CT.		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
	MIAMI FL 33172	•	83			
}	MACINITE GOTTE		0.3	']		
	 		84	'		Zip Code
offic	re or registered agent, or both, in the	07.0502 and 607.1508, Florida Statut State of Florida. Such change was a obligations of, Section 607.0505, Flo	uthorized by	tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNAT	FURE Signature; typed or printed name of registr	ered agent and title if applicable. (NOTE	: Registered Age	nt signature requi	ired when reinstating) DATE	·
. 12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Additi
NAME	OCAMPO, MANUEL		1.2 NAME			
STREET AC	1 1					
CITY-ST-Z	MIAMI FL 33172		1.4 CITY-5	ST-ZIP		☐ Change ☐ Additi
TITLE		☐ DELETE	2.1 TITLE			Change D Addit

Applied For Not Applicable \$8.75 Additional Fee Required. -\$5.00 May Be Added to Fees urrent year Intangible □No v Registered Agent ptable) 85 Zip Code he purpose of changing its registered cept the appointment as registered DATE CP2FN34-111/98 OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition Change Addition

Change

Change

Change

Change

☐ Addition

Addition

☐ Addition

☐ Addition

Mar 24, 1999 8:00 am

**Secretary of State** 

03-24-1999 90087 031 \*\*\*150.00

6 CITY-ST-ZIP CITY ST ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report ensupplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exempt his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all athertike empowered.

2.2 NAME

3.1 TITLE 3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

☐ DELETE

DELETE

☐ DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

. 4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY ST-ZIP

ired