

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

**APPROVED
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95 JUN 26 PM 2:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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-06/28/95--01020--002
****233.75 ****233.75**

DO NOT WRITE IN THIS SPACE.

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P940000 23512
1. Corporation Name
Mini Micro Computer Supply Inc.

Principal Place of Business Mailing Address
*7249 N.W. 54 St.
Miami, Fl. 33166* *7249 N.W. 54 St.
Miami, Fl. 33166*

3. Date Incorporated or Qualified 3a. Date of Last Report
03/28/1994

4. FEI Number Applied For
65-0477040 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

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24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

Dobal, Connie 81. Name

798 Crandon Blvd. #8 82. Street Address (P.O. Box Number is Not Acceptable)

Key Biscayne, Fl. 33149 83.

84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and title if applicable REGISTERED AGENT'S SIGNATURE REQUIRED WHEN REGISTERING DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>P/D</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dobal, Connie</i>	1.2 NAME	
STREET ADDRESS	<i>798 Crandon Blvd. #8</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Key Biscayne, Fl. 33149</i>	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<i>Francis Penas</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>4796 N.W. 103 Court</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>Miami, Fl. 33178</i>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* *5/31/95* *(305) 882-2747*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #