SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)					
COF	PROFIT RPORATION UAL REPORT 1996	FLORIDA DEPAR Sandra f Secretai	RTMENT OF STATE  3 Mortham  ry of State  CORPORATIONS		
DOCUMENT # P94000030924 (2)					
HIBIS	CUS COMPUTER CONSULTING	i, INC.		7.120112012 110 YOUR ALAN BANK DA	HI BRIK BIHR HIN BRID KRIB WAN BIRK KAR
Principal Plac	e of Business	Mailing Address		1 100/1001 HA 10111 BIBN BBN 501	
7513 S.W. 51H ST. NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068					
COR	OL SPRINGS FL	Ve Suite 13671	230	Date incorporated or Qualifie     04/22/1994	d 3a. Date of Last Report 03/14/1995
2. Principal P	lace of Business  HAVIVERSITY DR 20	Ba. Mailing Address  6 2/39 UV	VERSITA	4. FEI Number	Applied For Not Applicable
Suite, Apt.		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State	and Copille of	City P. Crista	PRINGS	6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip <b>33</b> C	Country	Zip 3367/	Country	Trust Fund Contribution  8. This corporation has liability to	Added to Fees
24	9. Name and Address of Current Reg		30 USA	Florida Statutes  10. Name and Address of New F	Yes No
	RIJMOHAN, DEVANAND		81 Name		
, Al	ORTH LAUDERDALE EL 22000.		1 1	Address (P.O. Box Number is Not Accepte	able)
ید	139 UNIVARS ITY ORAL SPRING P	H. suire	84 City		
11. Pursuant t	to the provisions of Sections 607 0502 and	<b>33 07/</b>	the above named	comparation culturate this state and a the	FL 85 Zip Code
	to the provisions of Sections 607 0502 and egistered agent, or both, in the State of Fron in familiar with, and accept the obligations	rida. Such change was au of, Section 607,0505, Flori	thorized by the corpo da Statutes	pration's board of directors. Thereby acce	purpose of changing its registered pt the appointment as registered
	Signature, typed or printed manaper registered agent and re		Registered Agent's greature	required when reinstating;	OA't
12.	OFFICERS AND DIHI	ECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	BRIJMOHAN, DEVANAND	<del></del>	1.2 NAME		4
STREET ADDRESS CITY-ST-ZIP	7913 S.W. 9TH ST -NORTH LAUDERDALE FL 33068	-	13 STREET ADDRESS	2139 UNIVERSIT	y acive sume
TITLE	CHOITH EXODERIDALE PE 33000	DELETE	14CITY-ST-ZIP 21TITLE	CORMISPRINOS, P	Change Addition
NAME			2 2 NAME		Change C Admitted
STREET ADDRESS CITY-ST-ZIP			2 3 STREET ADDRESS		
TITLE		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME			3 2 NAME		Onling: [ Addition
STREET ADDRESS CITY-ST-ZIP			3 3 STREET ADDRESS		
TITLE		DELETE	34 CITY - ST - ZIP 41 TITLE		Change Addition
NAME			4. 2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			43 STREET ADDRESS		
THILE		DELETE	5 1 TITLE		Channel
NAME			5 2 NAME		Change Addition
STREET ADDRESS CITY - ST - ZIP			5 3 STREET ADDRESS		
TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Channel I delic
NAME			6 2 NAME		Change Addition
STREET ADDRESS CITY - ST - ZIP			6 3 STREET ADDRESS		
14. I do hereby	certify that the information supplied with the	nis filing is voluntarity furnis	64CITY-ST-ZIP shed and does not a	ualify for the exemption stated in Section	119 07/3)/b) Florida Con 4
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
a didings					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  6/33/96 9573456039					