## 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 # P94000043547 (6)

BMS COMPUTERS, INC.

Principal Place of Business		
	$C^{\dagger}$	┝
12325 SW 133(ST)	( )	١.

CITY-ST-ZIP

Mailing Address

Secretary of State

**FILED** 

May 05 1998 8:00am

4/08/98 (305)235-9995

12325 SW 133 MIAMI FL 331	0(ST.)—> C \.	12325 SW 133 ST.) ( MIAMI FL 33186	12325 SW 133(ST.) C.T. MIAMI FL 33186			DO NOT WIDITE	NI THIS SE	DACE		
						DO NOT WRITE I  3. Date Incorporated or Qualified	IN INIO SI	AUE	•	
						06/10/1994				
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number		$\top$	Applied	For	
21	26				65-0496677			Not Ap	plicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc. 27 City & State				5. Certificate of Status Desired		\$8.75 Additional Fee Regulred		
City & State	9					6. Election Campaign Financing \$5.00 May				у Ве
<b>23</b> Zip	Country	28		entre e		Trust Fund Contribution	<u> </u>		ded to Fe	
24	25	Zip         Country           29         30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes  No				
	9. Name and Address of Curre	nt Registered Agent		ļ.,		10. Name and Address of New Reg	stered A	.gent		
TOF	rres, justo h			81   1	Vame					
123	125 SW 133 ST.) -> C+			82 8	Street Addr	ress (P.O. Box Number is Not Acceptable	<del>)</del>	********		
MIN	AMILE DO 100			83						
				84 (	City		FL	85	Zip Code	,
office or re agent. I a	egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was	authorize	d by th	e corporat	poration submits this statement for the pution's board of directors. I hereby accept	the appo	intmen	it as regis	stered
SIGNATURE	Signature, typed or printed name of required as	rent and title it approable (NC	TE Registere	а InagA b	ignature requir	red when reinstaling)	DATE			
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE				12
TITLE	PSTD	DELETE	1.1 Tr	TLE				Char	nge 🔲	Addition
NAME	TORRES, JUSTO H		1 2 N	AME						
STREET ADDRESS	12325 SW 133(ST) C+		1.3 \$1	REFT ADI	DRESS					
CITY-ST-ZIP	MIAMI FL 33186		1.4 CI	TY-ST-Z	RP					
TITLE			2.1 TI	TLE				Char	nge 🔲	Addition
NAME			2.2 N/	AME						
STREET ADDRESS			2.3 ST	REET ADI	DRESS					
CITY-ST-ZIP			2.4 C	ITY-\$1-7	ZIP					
TITLE		DELETE	3.1 TI	TLE			I	Char	nge 🔲	Addition
NAME			3.2 NA	AME						
STREET ADDRESS			3.3 \$7	REE1 ADI	DRESS					
CITY-ST-ZIP			3.4. C	(TY-\$T-7	ZIP					
TITLE		DELETE.	4.1 TE	TLE			1	Char	nge 🔲	Addition
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 ST	REET ADE	DRESS					
CITY-ST-ZIP			4.4 CI	1Y-S1-Z	IP.					
TITLE		☐ DELETE	5.1 TI	TLE			T	Char	nge 🔲	Addition
NAME			5.2 N/	<b>AME</b>						
STREET ADDRESS			5.3 ST	REET ADI	DRESS					
CITY-ST-ZIP			5.4 CI	TY-ST-Z	IF .					
TITLE		DELETE	6.1 TI	ILE			T	Char	nge 🔲	Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 \$1	REET ADI	DRESS					

14. Thereby 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 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 conjector of the cereiver 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.