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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000048449

1. Corporation Name

U.N. COMPUTERS CORPORATION

Principal Place of Business

Mailing Address

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90202 039 ***150.00



7476 REPUBLIC ORLANDO FL 3		7476 REPUBLIC DRIVE ORLANDO FL 32819				DO NOT WRI	TE IN TUIE (CDACE	
					1 _	ate Incorporated or Qualifed 6/27/1994	IE IN THIS	SPACE	
2. Principal Pl	ace of Business			4. F	El Number			Applied For	
2. Principal Place of Business 1 7476 VNIVERSAL BLVD. 26 7476 VNIVERS			SAI BLVD) 5	9-3253313		1	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	Additional
27					5. C	ertifcate of Status Desired		Fee F	Required
City & State	City & State)			lection Campaign Financing		\$5.0	May Be	
3	28				rust Fund Contribution			d to Fees	
Zip Country Zip			Country 8, T			his corporation owes the curr	ent year Inta	ingible	
			اَه			Personal Property Tax.			
4	9. Name and Address of Current				10. N	lame and Address of New F	Registered A	lgent	
	o. Hallio alla Madross ol osikok		81	Name					
FILH	O, ARMANDO U		L						
		82 Street Address (P.O. Box Number is Not Acceptable)			aDié)				
_	RIPLEY COURT ANDO FL 32836		83						
One	1100 12 02000								
			84	City				85 Zij	p Code
	to the provisions of Sections 607.0502						<u> </u>		
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0303, Florida 30	atules	> .			DATE.		
	Signature, typed or printed name of registered agent			nt signature requ		DITIONS/CHANGES TO OF		D DIRECT	TORS IN 12
12.	OFFICERS AND		TITLE			DITIONS/CHANCES TO CI	TIOLINO AIN	Change	
TITLE	PD ABNAMBO II	_		-				/	- -
NAME	FILHO, ARMANDO U		NAME		2426	UNIYERSAL B	2110		
STREET ADDRESS	7476 REPUBLIC DRIVE	•		1 7	7770	V/1/12/2/1- P	- ,		
CITY-ST-ZIP	ORLANDO FL 32819		CITY-S	ST-ZIP				☐ Change	e Addition
TITLE	VSD	DELETE 2.1	TITLE					Change	e
NAME	NAHMENS, FABIO R	. 2.2	NAME						
STREET ADDRESS	7476 REPUBLIC DRIVE	23	STREE	TADDRESS					
CITY-ST-ZIP	ORLANDO FL 32819	2.4	CITY-S	ST-ZIP					
TITLE	TD	☐ DELETE 3.1	TITLE		-			Change	e
NAME	URSU, EDNA F	3.2	NAME				D		
STREET ADDRESS	7476 REPUBLIC DRIVE	3.3	STREE	TADDRESS	7476	UNIVERSAL B.	LVV.		
CITY-ST-ZIP	ORLANDO FL 32819	3.4	. CITY-S	ST-ZIP					
TITLE			TITLE					☐ Chang	e Addition
NAME		4.3	2 NAME						
STREET ADDRESS				T ADDRESS					
		a	CITY-S						
CITY-ST-ZIP TITLE			TITLE					Chang	ge Addition
			NAME						
NAME				TADDRESS					
STREET ADDRESS			CITY-S						
CITY-ST-ZIP			TITLE	21 - Elf				☐ Chang	e Addition
TITLE		- Deterie	NAME						
NAME									
STREET ADDRESS		6.3	STREE	T ADDRESS					

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 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR