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Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90012 045 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058861

1. Corporation Name
RICHARDS COMPUTER, INC.

Principal Place of Business
8768 S.W. 72ND STREET
MIAMI FL 33173

Mailing Address
8768 S.W. 72ND STREET
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

ALE, JOHN R.
8768 S.W. 72ND STREET
MIAMI FL 33173

3. Date Incorporated or Qualified

08/10/1994

4. FEI Number

65-0511020

Applied For

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS

TITLE D
NAME ALE, JOHN R
STREET ADDRESS 1205 KELLY ST SW
CITY-ST-ZIP VIENNA VA 22180 ☐ DELETE

TITLE D
NAME NEWMAN, WILLIAM A
STREET ADDRESS 1502 SCADIA CIR
CITY-ST-ZIP RESTON VA 20190 ☐ DELETE

TITLE PD
NAME FURR, JAMES B
STREET ADDRESS 360 NE 97TH ST
CITY-ST-ZIP MIAMI FL 33138 ☐ DELETE

TITLE VPD
NAME MONTE RODOLFO
STREET ADDRESS 12839 SW 62ND LN
CITY-ST-ZIP MIAMI FL 33183 ☐ DELETE

TITLE TD
NAME BORRERRO, ROBERT
STREET ADDRESS 7141 SW 129TH AVE #7
CITY-ST-ZIP MIAMI FL 33183 ☐ DELETE

TITLE S
NAME CARRILLO, IVAN
STREET ADDRESS 5844 SW 5TH TERR
CITY-ST-ZIP MIAMI FL 33144 ☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

John R. Ale, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-98 305-598-77