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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCAL	MENT # P940	000064058								
i. Corporation	THEITIC									
COMPUT	TER INTERNATIONAL	CORPORATION								
						İ				
Principal Place of Business Mailing Address										
3040 NW 72ND AVE			3040 NW 72ND AVE							
MIAMI FL 33122	?	MIAMI FL 3312	.2				DO NOT W	RITE IN THIS	SPACE	
						3. Date I	ncorporated or Qualit	ed		
						08/3	0/1994			ľ
2. Principal Pl	lace of Business	2a. Mailing A	ddress			4. FEI N			Apı	lied For
21		26				65-0537831			Not	Applicable
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition				
22		27				3 .			Fee Re	uired
City & State	e	City & Sta	ate				n Campaign Financi	ng □	\$5.00 i	7 1
23		28					und Contribution		Added to	Fees
Zip	Country	Zip	r	Country		1	rporation owes the	current year In	tangible ☐ Yes	X 10
24	25	29		30			and Address of Ne	w Registered		201 0
	9. Name and Address of	Curren' Registered Age	<u> </u>	81	Name	10. Name	and Address of Ne	w registered	Agont	
GUE	RREIRO-MARTINS, HELEN	IA F								
19464 NE 26TH AVENUE UNIT #24				82	Street A	ddress (P.O. Bo	Number is Not Acco	eptable)		
NOR	TH MIAMI BEACH FL 331	80				-				
				84	City			FL	85 Zip C	ode
11 Dureusant	to the provisions of Sections	607 0502 and 607 1508. F	orida Statutes	the above	e-named o	orporation subm	ts this statement for	the nuronse of	changing its	egistered
office or re	egistered agent, or both, in the model of the first familiar with, and a copt the familiar with the fa	e State of Florida, Such Cl	iande was aut	horized by	tne corpor	ation's board of	directors. I hereby ac	cept the appo	intment as rec	istered
1	m iamiliai with, and a xept th	e obligations of, Section of	77 .0303, 1 ION	Ja Otatoles.						
SIGNATURE	Signature, typed or printed nr me of regi	stered agen and title if applicable	(NOTE: F	Registered Agen	t signature rec	lired when reinstating		DATE		
12.	OFFIC	ERS AND DIRECTORS		13.		ADDITI	ONS/CHANGES TO	OFFICERS 4		
TITLE	P] DELETE	1.1 TITLE					Change	☐ Addition
NAME	GUERREIRO-MARTINS, HELENA F 12N			1.2 NAME						d
STREET ADDRESS	19464 NE 26TH AVENU	E #24		1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33180			1.4 CITY-ST	r-ZIP					
TITLE	V/P	_] DELETÉ	2.1 TITLE					Change	☐ Addition
NAME	GUERREIRO-MARTINS,			2.2 NAME						
STREET ADDRESS	19464 N E 26TH AVEN	JE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33180			2. 4 CITY-S	T-ZIP				Change	Addition
TITLE		L.] DELETE	3.1 TITLE					Change	☐ Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET	- 1					
CITY-ST-ZIP			DELETE	3.4. CITY-S	T- ZIP				Change	Addition
TITLE		L) ACTE 1E	4.1 TITLE						
NAME .				4. 2 NAME	1000000					
STREET ADDRESS				4.3 STREET						
CITY-ST-ZIP		F	DELETE	4.4 CiTY-ST 5.1 TITLE	-ZIP				☐ Change	Addition
TITLE		_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.1 INLE 5.2 NAME						
NAME CTREET ADODUSES				5.3 STREET	ADDRESS					
STREET ADDRESS				5.4 CITY-ST	1					
CITY-ST-ZIP TITLE		Γ	DELETE	6.1 TITLE					☐ Change	Addition
NAME		_		6.2 NAME					-	
				6.3 STREET	ADDRESS					
STREET ADDRESS	I									

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(3)(i). Florida Statutes. I further pertify that the information indicated on this annual report or suppliemental 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:

SIGNALURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CM. 26. 99 (305) 470.2018

CR2E034 (11/98)