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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400065322 (7)

COMPLITERS, NETWORKS & CONNECTORS, INC.

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Principal Place of Business Mailing Address							I TOMBIEMAL DIN JUNIO MINIS MAILE MARIE AND	P WWW WI	101 \$1100 HILLS HUI	10 1101 1301
	1432 SW 50 1 1AMI FL 3318		15432 SW 50 TERR MIAMI FL 83185-4440							
							3. Date incorporated or Qualified 08/30/1994		Date of Last R 1/18/1996	eport
2.	Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ar	oplied For
21			26				65-0515158			ot Applicable
22	Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	×		May Be to Fees
24	Zip	Country 25	Zip 3	Country			8. This corporation has liability for Florida Statutes		le tex under s No	. 199.032,
		9. Name and Address of Curre	ent Registered Agent		· · · · · · · · · · · · · · · · · · ·		0. Name and Address of New Re	glatered	Agent	
		iurra, esperanza		81	Name					
		32 SW 50TH TERRACE MI FL 33185		82	Street	Address	(P.O. Box Number is Not Acceptal	ole)		
				83						
				84	City			FI	85 Zip	Code
11	Pursuant to office or re agent it ar	o the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obli	i02 and 607.1508, Florida Statutes te of Florida. Such change was au gations of, Section 607.0505, Flori	, the above thorized by da Statutes	e-named the corp s.	corpora poration	tion submits this statement for the ps board of directors. I hereby acce	ourpose pt the ap	of changing It pointment as	ls registered registered
SI	gnature .	Signature Typed or printed name of registered a	gent and title if applicable (NOTE:	Registered Age	nt signature	required w	hen reinstating)	DATE		d-++
12		OFFICERS A	ND DIRECTORS				ADDITIONS/CHANGES TO OFFIC	CERS AN	ID DIFIECTOF	ا نفت م
711	LE	X	X DELETE	1.1 TITLE		TA	//P		☐ Change	Addition
NA	ME			1.2 NAME	1.2 NAME		arra Esperanza 3a s.w. so Terri			
STI	REET ADDRESS			1.3 STREET	ADDRESS	154	38 610, 50 1011			
	Y - \$1 - ZIF	MIAMI FL	Vocante	1.4 CITY - ST - ZIP		Mia	MT, P1: 33185			IST CLEAN
111		ACULIDDA ILIANI	DELETE	21 TITLE		155	C/M/D		☐ Change	Addition
NA NA		ACHURRA, JUAN 15432 SW 50 TERR		2.2 NAME		150	orratuanter.			
'	REET ADDRESS	MIAMI FL 33185		2.3 STREET		NATE:	mi, F1 - 33185			
<u>CI</u> I	Y - ST - ZIP	MAIN I P AA IAA	DELETE	2.4 CITY-1	31 - ZIP				☐ Change	Addition
NA.			BANK TO THE PARTY OF THE PARTY	3.2 NAME						
	REET ADDRESS			33 STREET	ADDRESS					
	Y-ST-ZIP			3.4. CITY -						
	LE.	44 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	DELETE	4.1 TITLE		1			Change	Addition
NA.	ME			4. 2 NAME						
ST	REET ACIDRESS			4.3 STREET	ADDRESS					
CIT	Y - \$1 - 7(2)			4.4 CiTY-5	ST-ZIP	ļ				
Til			☐ DELETE	51 TITLE					Change	Addition
NA				5.2 NAME						
l	REET ADDRESS			5 3 STREET						
	Y-S1-7IP		DELETE	5.4 City - S 6.1 Title	T-ZIP	 			Change	Addition
THE MA			C) pricit	6 2 NAME					First Chairing	LJ POUIIIOII

14. I do 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 Curporation 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 or an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305-228-3883

FILED

Apr 25 1997 8:00am

Secretary of State