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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070667 (8)

COMPUTER & BEEPER SERVICE CORP.

Principal Place of Business

Mailmo Address

## **FILED** Mar 19 1997 8:00am Secretary of State



817 SOUTHWEST 57 AVENUE MIAMI FL 33144		617 SOUTHWEST 57 AV MIAMI FL 33144-3970	617 SOUTHWEST 57 AVENUE MIAMI FL 33144-3970								
						3. Date Incorporated or Qualified 09/26/1994	3a. Date of Last Report 02/27/1996				
2. Principal Place	e of Business	2a. Mailing Address		•		4. FEI Number	El Number Applied For			1	
21		26				65-0522275					,
Suite, Apt. #, etc.		Suite, Apt. #. etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	Ζιρ <b>29</b>	F1			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
	9. Name and Address of Cu	urrent Registered Agent				10. Name and Address of New Reg	istered /	Agent			
	_awyer			81	Name						
343 ALMERIA AVENUE CORAL GABLES FL 33134			ĺ	82	Street A	ddress (P.O. Box Number is Not Acceptabl	e)				1
<b>L</b>				83							1
				В4	Cily		FL	85	Zip C	odc	1
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 Sign	nature, typed or printed frame of registers	ed agent and lifte if applicable (NC	DIE Registered	l Agei	r I signature re	equired when reinstating)	DATE				-
12.	OFFICE RS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND				18
TITLE   P		DEFETE	1,1 10	ITE				☐ Ch	ange	Addition	٥
ـ ا	IGALDE, JOSE J	.16 11**	1.2 NA		[						000
STREET ADDRESS 617 SOUTHWEST 57 AVENUE MIAMI FL 33144		NUE	1		ADDRESS						Ų
	NAMI FL 33144	DELETE	• • • • • • • • • • • • • • • • • • • •	14 CITY-ST-ZIP 2 1 HILE				Chi		Addition	٩į
TITLE			27 N		- 1			L_J UIII	myc	Addition	
NAME STREET ADDRESS					AINTHERE						
CITY-ST-ZIP		•		2.3 STREET ADDRESS 2.4 CHY-SY-ZIP							
TITLE		DELETE	3 1 117					☐ Ch	ange	Addition	-1
NAME			3.2 N								
STREET ADDRESS			3.3 S1	REET	ADDRESS						
CITY-ST-ZIP		,,, ,,,	3.4 CI	11Y-S	1- ZIP						
TITLE		☐ DELETE	4.1 111	LE	-			☐ Cn	ange	Addition	
NAME			4 2 N	AME							
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS						
CITY-ST-ZIP		DELETE	4.4 CI		1-Z(P			T 1 0		1 4 4 400	_
TITLE			5.1 THLE					Chi	ange	Addition	
NAME			5.2 NAME								
STREET ADDRESS			5 3 STREET		- 1						
CITY-ST-ZIP	······································	DELETE	5.4 CF 6.1 TIT		1 - ZIP			I. Ch	ande	Addition	-
TITLE   NAME		La pictif	6.1 III 6.2 NA		1			اان ہے	nigo	Addition	1
STREET ADDRESS					AUDRESS						
CITY-ST-ZIP	4		6.3 ST								ļ
	certify that the information see	alled with this filing does not our				ited in Section 119.07(3)(i), Florida Statutes	. I further	certify	that t	he	-

information indicated on this annual epoc 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 collogration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.