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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09 1998 8:00am Secretary of State

DOCUMENT # P95000 1. Corporation Name SIADEMCA COMPUTER INC. Principal Place of Business 7918 NW 567H ST MIAMI FL 33166	Mailing Address 7918 NW 56TH ST MIAMI FL 33166	') V			
us	US			DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address			02/17/1995 4. FEI Number	Applied For
┝╼┓	26			65-0620547	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stato	City & State		··· 	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Z _{(p}	Count	ry	This corporation owes or has paid the corporation owes.	
9. Name and Address of Current R				10. Name and Address of New Registers	d Agent
GONZALEZ, DON		В	1 Name		
9050 PINES BLVD, 450-5		8	2 Street Add	Street Address (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33024					
		8	3		
		8	4 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 at	nd 607.1508, Florida Statu		ve-named con	poration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of I agent. I am familiar with, and accept the obligation	Florida, Such change was	authorized l	by the corpora	tion's board of directors. I hereby accept the ap-	opointment as registered
SIGNATURE		Olator			
Signature, typed or printed name of registered injent as			gent signature requi	red when reinstating) DATÉ	
TITLE DPT OFFICERS AND D	IRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
NAME APARCEDO, CARLOS	€] n(r()	1.1 TULE 1.2 NAM	i		The results The Without I
STREET ADDRESS 9050 PINES BLVD, 450-5		•	ET ADDRESS		
CITY-SI-ZIP PEMBROKE PINES FL 33024		1.4 CiTY	Ì		
TITLE DVS	DELETE	2 1 7111.6			Change Addition
NAME DE APARCEDO, RHYNIA R		22 NAM	ì		
STREET ADDRESS 9050 PINES BLVD, 450-5			ET ADDRESS		
CITY-ST-ZIP PEMBROKE PINES FL 33024		2 4 City	ì		
TITLE	☐ DELETE	3 1 TITLE			Change Addition
NAME		3 2 NAM	E		
STREET ADDRESS		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			- ST- ZIP		
TITLE	☐ DELETE	4.1 7111.8			Change Addition
NAME		4. 2 NAM)		
STREET ADDRESS			ET ADDRESS		
CITY-SI-ZIP	DELETE	4.4 CITY - 5 1 TITLE			Change Addition
NAME		5 2 NAMI			C. Culturille C. Model(104)
STREET ADDRESS			ET ADDRESS		
CITY-ST-ZIP		5.4 CITY	į.		
TITLE	DELETE	6.4 CHT			Change Addition
NAME	hand Trace	62 NAMI	1		
STREET ADDRESS		4	ET ADDRESS		
City-St-ZiP		6 4 CITY	1		ì

14. Thereby 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, e.g., or an attractiment with an address

RHYNIG R. DE Brueredo 03-03-98