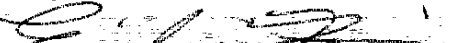


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000015828 (3) 1. Corporation Name COMPUTER MANAGEMENT SERVICES CORP.			
Principal Place of Business 11121 W OKEECHOBEE RD BAY 9 HIALEAH GARDENS FL 33018 US		Mailing Address 8060 W. FLAGLER ST. 3-D MIAMI FL 33144	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent			
RUIZ, CRISTINA 8080 W. FLAGLER ST. 3-D MIAMI FL 33144			
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 resigning) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-STATE-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-STATE-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-ZIP			
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.			
SIGNATURE:  01/26/98			

CR2E034 (10-97)