FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027661 (4)

1. Corporation Name

H & M COMPUTER SERVICES, INC.

Principal Place of Business

~~2455 SOUTHWEST 27TH AVENUE~~
~~SUITE 220~~
~~MIAMI FL 33145~~

Mailing Address

~~2455 SOUTHWEST 27TH AVENUE~~
~~SUITE 220~~
~~MIAMI FL 33145~~

3. Date Incorporated or Qualified: 04/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21 5768 NW 48Th Drive.
Suite, Apt. #, etc.
22
City & State
23 Coral Springs, FL
Zip
24 33067
Country
25

2a. Mailing Address
26 5768 NW 48Th Drive.
Suite, Apt. #, etc.
27
City & State
28 Coral Springs, FL
Zip
29 33067
Country
30

4. FEI Number: 65-0572739.
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

81 Name: Zarraga, Hector.
82 Street Address (P.O. Box Number is Not Acceptable): 5768 NW 48Th Drive.
83
84 City: Coral Springs **FL**
85 Zip Code: 33067

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 ______ DATE ______

Signature of New Registered Agent (signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	ZARRAGA, MARIA DEL C		1.2 NAME	Zarraga, Hector.
STREET ADDRESS	2455 SOUTHWEST 27TH AVENUE, SUITE 220		1.3 STREET ADDRESS	5768 NW 48Th Drive.
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	P	☒ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	ESCALONA, HECTOR JESUS Z		2.2 NAME	Zarraga, Maria.
STREET ADDRESS	2455 SOUTHWEST 27TH AVENUE, SUITE 220		2.3 STREET ADDRESS	5768 NW 48Th Drive.
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 02/07/96
Daytime Phone #: 954-3443675

CR2E034 (12/95)