

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 # P95000032735 (9)

1. Corporation Name

COMPUTER TECHNICAL CENTER, CORP.



Principal Place of Business

Mailing Address

**5625 WEST 20TH AVE.
#108
MIAMI FL 33012**

**5625 WEST 20TH AVE.
#108
MIAMI FL 33012**

2. Principal Place of Business

2a. Mailing Address

21 5625 WEST 20TH AVE

Suite, Apt. #, etc.

22 # 108

City & State

23 HIALEAH, FLORIDA

Zip

24 33012

Country

25 USA

26 P.O. Box # 2515

Suite, Apt. #, etc.

27 Attn. MANUEL VARGAS

City & State

28 HIALEAH, FLORIDA

Zip

29 33012

Country

30 USA

g. Name and Address of Current Registered Agent

**VARGAS, MANUEL A
5625 WEST 20TH AVE.
#108
MIAMI FL 33012**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

4. FEI Number

65-0577253

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

10. Name and Address of New Registered Agent

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 the filer (if filer is not the registered agent)

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME VARGAS, MANUEL A
STREET ADDRESS 5625 WEST 20TH AVE. #108
CITY-ST-ZIP MIAMI FL 33012**

TITLE ☐ DELETE

**D
NAME ROMERO, ERWING L
STREET ADDRESS 525 N.W. 72ND AVE. #107
CITY-ST-ZIP MIAMI FL 33126**

TITLE ☐ DELETE

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TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Vargas
MANUEL VARGAS

4-26-96

Date

(305) 3623476

Outside Phone

CR2E034 (12/95)