

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra E. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000039437 (5)**

1. Corporation Name

**MIAMI IMPORT-EXPORT COMPUTERS, CORP.**



Principal Place of Business

**8820 FONTAINEBLEAU BLVD., # 412  
MIAMI FL 33172**

Mailing Address

**8820 FONTAINEBLEAU BLVD., # 412  
MIAMI FL 33172**

2. Principal Place of Business

21 **8820 FONTAINEBLEAU BLVD.**  
Suite, Apt. #, etc.

22 **306**

City & State

23 **MIAMI FL**

Zip

24 **33172**

Country

25 **U.S.A.**

2a. Mailing Address

26 **8820 FONTAINEBLEAU BLVD.**  
Suite, Apt. #, etc.

27 **306**

City & State

28 **MIAMI FL**

Zip

29 **33172**

Country

30 **U.S.A.**

3. Date Incorporated or Quoted

**05/18/1995**

3a. Date of Last Report

4. FEI Number

**65-0580082**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

9. Name and Address of Current Registered Agent

**MUNOZ, JAIME A  
8820 FONTAINEBLEAU BLVD., # 412  
MIAMI FL 33172**

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 607.0602 and 607.1503, 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 607.0609, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed by the individual)

Signature of Officer or Director (must be signed by the individual)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**PTD  
MUNOZ, JAIME A  
8820 FONTAINEBLEAU BLVD., # 412  
MIAMI FL 33172**

☐ DELETE

2. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**VSD  
GARCIA, LIBIA C  
8820 FONTAINEBLEAU BLVD., # 412  
MIAMI FL 33172**

☐ DELETE

3. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

4. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

5. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

6. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAIME A. MUNOZ**

**3/13/96**

Digitized by

CR2E034 (12/95)