

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000048001 (8)

1. Corporation Name

NORTH MIAMI BUSINESS MACHINES, INC.



Principal Place of Business

Mailing Address

1642 NE 148 STREET
MIAMI FL 33181

1642 NE 148 STREET
MIAMI FL 33181

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81

Name

ALLAN F. BRUNNER

82

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

1642 N.E. 148 St.

83

84

City

Miami

FL

85 Zip Code

33181

11. Pursuant to the provisions of Sections 607.0207 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **ALLAN F. BRUNNER, Secretary/Treasurer**

Allan F. Brunner

May 30, 1996

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> OFFICE |
| NAME | BRUNNER, ALLAN F | |
| STREET ADDRESS | 1642 NE 148 STREET | |
| CITY-ST-ZIP | MIAMI FL 33181 | |
| TITLE | ST | <input checked="" type="checkbox"/> OFFICE |
| NAME | BRUNNER, CAROL R | |
| STREET ADDRESS | 1642 NE 148 STREET | |
| CITY-ST-ZIP | MIAMI FL 33181 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|-------------------|--|
| 11 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | BRUNNER, Carol R. | |
| 13 STREET ADDRESS | 1642 NE 148 St. | |
| 14 CITY-ST-ZIP | Miami, FL 33181 | |
| 21 TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | BRUNNER, Allan F. | |
| 23 STREET ADDRESS | 1642 NE 148 St. | |
| 24 CITY-ST-ZIP | Miami, FL 33181 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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: **CAROL R. BRUNNER**

Carol R. Brunner

May 30, 1996

(305) 940-5004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (12/95)