
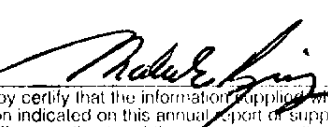


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Sep 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000075703 1. Corporation Name COMPUTER STOP, INC.			
Principal Place of Business 50 S.W. 3rd Avenue Miami, FL 33131		Mailing Address	
2. Principal Place of Business 21 Same as above Suite, Apt. #, etc.		2a. Mailing Address 26 Same as above Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		30	
9. Name and Address of Current Registered Agent Scott L. Cagan 300 Courvoisier Centre 501 Brickell Key Drive Miami, Florida 33131		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 of applicant (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE D <input checked="" type="checkbox"/> DELETE NAME Michael Ruiz STREET ADDRESS 417 E. 90th Street, #5-D CITY-ST-ZIP NYC, NY 10128		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on 1.2 NAME Alex Ruiz 1.3 STREET ADDRESS 50 S.W. 3rd Avenue 1.4 CITY-ST-ZIP Miami, FL 33131	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add on 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add on 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add on 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add on 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add on 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: 		ALEX RUIZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 8-28-97 Date Daytime Phone #	

CR2E034 (9/96)