

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra P. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000081030 (5)  
1. Corporation Name  
COMPUTER CONSULTING & SERVICES, INC



Principal Place of Business  
8920 SW 156 STREET  
MIAMI FL 33157  
US

Mailing Address  
8920 SW 156 ST  
MIAMI FL 33157  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16620 SW 82 Court Suite, Apt. #, etc. 22 City & State 23 Miami, Florida 24 Zip 33157 25 Country USA		2a. Mailing Address 26 16620 SW 82 Court Suite, Apt. #, etc. 27 City & State 28 Miami, Florida 29 Zip 33157 30 Country USA		3. Date Incorporated or Qualified 10/23/1995	
		4. FEI Number 35-0614499		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SATULOFF, BARTH CPA 9405 SUNSET DRIVE #B-275 MIAMI FL 33173		10. Name and Address of New Registered Agent 81 Name Charlie Gomes, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 10719 SW 104 Street 83 84 City Miami FL 85 Zip Code 33176	
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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 *Charlie Gomes* DATE 3/13/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	ARONE, ROBERT J	1.2 NAME	ARONE, ROBERT J
STREET ADDRESS	8920 SW 156 STREET	1.3 STREET ADDRESS	16620 SW 82 COURT
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	MIAMI, FL. 33157
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 addendum.

SIGNATURE: *Robert J Arone* DATE 3/13/97 305 251 0496

CR2E034 (10/97)