

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP -9 AM 10:40

DOCUMENT # P95000090133 (6)

1. Corporation Name

CAPITAL COMPUTERS, INC.

SECRETARY OF STATE



Principal Place of Business

Mailing Address

124 E FLAGLER ST
MIAMI FL 33131

124 E FLAGLER ST
MIAMI FL 33131

3. Date Incorporated or Qualified
11/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 145 EAST FRANK STREET

26 Suite, Apt. #, etc.

22 SPAN 222

27 Suite, Apt. #, etc.

23 MIAMI, FLORIDA

28 City & State

24 33131 25 USA

29 Zip 30 Country

4. FEI Number
65-0629334

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAKA, SAMUEL
124 E FLAGLER ST
MIAMI FL 33131

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, if applicable

(If 01 is Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SAKA, SAMUEL
STREET ADDRESS 124 E FLAGLER ST
CITY-ST-ZIP MIAMI FL 33131

TITLE SD
NAME SAKA, SANDY
STREET ADDRESS 124 E FLAGLER ST
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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*****225.00 *****225.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDY SAKA (Secy)

9/4/96

(305) 579-4080