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

**PROFIT CORPORATION** ANNUAL REPORT

1998

NAME

STREET ADDRESS



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Corporation	AL COMPUTERS, INC.	00090133 (6	ō)					
Principal Plac	e of Business	Mailing Address			·	140014001 110 10101 01111 00111 60111 00111 B0110		10 HIIQE IHH IQEH
145 EAST FLAGLER STREET 124 E. FLAGLER STREET SPACE A22 MIAM! FL 33131 MIAM! FL 33131						DO NOT WRITE IN TH	IIS SPACE	
MINMI IE VV			•			3. Date Incorporated or Qualified 11/22/1995		
2. Principal P	Place of Business	2a. Mailing Address 26	<del>-</del>			4. FEI Number 65-0629334		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22		27				G. Objilitate of claims besited	Fee	Required
City & Stat	Ө	City & State				6. Election Campaign Financing		DO May Be
<b>23</b> Zip	Country	28 Zip		untry		Trust Fund Contribution		ed to Fees
24 Zip	25	29	30	ai iti y		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Yes	Intangible  No
	p. Name and Address of Curr		1301	T	<del></del>	10. Name and Address of New Registere		
SA	KA, SAMUEL			B1	Name			
124 E FLAGLER ST MIAMI FL 33131			82	Street Adds	ress (P.O. Box Number is Not Acceptable)		·	
				0,100,700,1	Cos (1.0. Dox Humber is not noceptable)			
				83		***************************************		
				84	City	F	85 2	ip Code
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change w gations of, Section 607.0505	as authorize , Florida Sta	d by tutes	the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changin appointment	g its registered as registered
12.	Signature, typed or printed name of registered a OFFICERS A	gent and lifte if applicable.  ND DIRECTORS	NOTE Hegistere	o Ager	it signature requir	ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12
TITLE	PD	DELETE	1.1 (	ITLE		7,007,107,07,111,102,102,102,102,102,102,102,102,102	☐ Chan	
NAME	SAKA, SAMUEL 12		1.2 N	AME				
STREET ADDRESS	124 E FLAGLER ST		1.3 \$	TAEET /	address			
CITY-ST-ZIP	MIAMI FL 33131		1.4 C	ITY-ST	- ZiP			
TITLE	\$D □ DELETE 2:11		2.1 TI	ITLE			L Chang	ge L Addition
NAME			AME	i				
STREET ADDRESS	124 E FLAGLER ST				Address			
CITY-ST-ZIP				HY-SI	í - ZIP		☐ Chang	ge Addition
TITLE		☐ Octobe	3.1 TI 3.2 N				L CHAIR	Je AOOIOON
NAME STREET ADDRESS					ADDRESS			
				ince i A				
CITY-ST-ZIP TITLE		DELETE	4.1 7		,-ZIF		Chan	ge Addition
NAME			4, 2 N		İ			
STREET ADDRESS					AODRESS .			
CITY-ST-ZIP				ITY-ST	i			
TITLE		☐ DELETE	5.1 Ti				Chang	e Addition
NAME			5.2 N	AME				:
STREET ADDRESS			5.3 ST	TREET A	ADORESS			
CITY-ST-ZIP			5,4 CI	TY-ST	- ZIP			
TITLE	·- <del></del>	DELETE	6.1 TI	TLE	7 -	<del></del> ··· <del>·</del> _	Chang	ge Addition

s filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information between its true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an if this true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in it with an address. 14. I hereby certify that the information supplied with the indicated on this annual report or supplemental and officer or director of the corporation of the received Block 12 or Block 13 if changed, or on an attaction

6.2 NAME

6.3 STREET ADDRESS

**FILED** 

Feb 19 1998 8:00am

Secretary of State