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

PROFIT
CORPORATION
ANNUAL REPORT

1997

14. I do hereby certify that the information information indicated on this annual roll am an officer or director of the corporappears in Biock 12 or Block 13 if class



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000092822 (2)

COMPUTER ZONE & CELLULAR, INC.

Principal Place of Business Mailing Address 124 E. FLAGLER STREET 32 S.E. 18T AVENUE MIAMI FL 33131 MIAMI FL 33131-1130 3. Date Incorporated or Qualified 3a. Date of Last Report 12/06/1995 09/09/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0629337 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation has liability for inhangible tax under s. 199.032, 🔀 Yes 🗌 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAKA, SAMUEL 124 E FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 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 pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PD DELETE Change Addition 1.1 TOLE TITLE SAKA, SAMUEL NAME 1.2 NAME 124 E FLAGLER STREET STREET ADDRESS 1.3 STREET ADORESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 C(TY - S1 - Z)P SD DELF1E Change Addition TITLE 211016 SAKA, SANDY NAME 2.2 NAME 124 E FLAGLER STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33131 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$1 - ZIP DELFTE Change Addition TITLE 4.1 HILL NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 10 LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TIFLE G 2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

an attachment with an address.

h this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the lemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED Apr 28 1997 8:00am Secretary of State

