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

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000013838 (3)

ADVANTAGE COMPUTER TECHNOLOGIES. INC.

Mailing Address Principal Place of Business 6515 S.W. 32ND STREET 6515 S.W. 32ND STREET MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0650379 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Ζıp Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PUGA, LUIS S JR. 6515 S.W. 32ND STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAM! FL 33155** 83 84 Zip Code City 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 Stgnature, typicd or printed namic of registered agent and title if applicable (NOTE: Registered Agent signature required wher reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE President **K** Change \_\_\_ Addition 1.1 TITLE TITLE Luis S. Puga, (Jr. PUGA, LUIS S (SR) 1.2 NAME NAME 6515 S.W. 32ND ST 4515 SW 32 Street 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP Miami, FL CITY-ST-ZIP Addition Change DELETE 2 1 TITLE TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS 2.4 CHY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - Z(P DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

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 trusted 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 attack and without address. nt with an address. حدم ممامير

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP