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

**PROFIT CORPORATION ANNUAL REPORT** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 15 1997 8:00am

Secretary of State

Change

Addition

1997 DOCUMENT # P9600030514 (9)

A.M.S. COMPUTER ENTERPRISES, INC.

Principal Place 1324 B.W. 102 MIAMI FL 3317	ND AVE.	Mailing Address 1324 S.W. 102ND AVE. MIAMI FL 33174-2725		—		
				<ol> <li>Date incorporated or Qualified 04/08/1996</li> </ol>	3a. Date of Last Report	
	lace of Business  W.W. BTH ST.	2a. Mailing Address 26 9020 N.	W. 874 ST	4. FEI Number 65 - Ø663338	Applied For Not Applicat	
Suite, Apt.	#, etc. 405	Suite, Apt. #, etc. 405		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	npani , FL.	City & State	,ŦL.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 3317			Country 30] U.S.4		≹Yes □ No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent	
	ONIG, STEVEN C		81 Name A	EXANDER M. SOLAN	v	
				ess (P.O. Box Number is Not Acceptable)		
				9920 N. W. 874 ST.		
MIAMI FL 33131-2623			83	-		
	•		<u> </u>	Suite 405		
			84 City	Mpani	FL 85 Zip Code 33172	
11. Pursuant i	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statute	e the shove-named con	poration submits this statement for the p	urnoso of changing its registers	
Office of re	egistered agent, or both, in the State i m familiar with, and accept the obliga	ol Florida. Such change was au	uthorized by the corporal	tion's board of directors. I hereby/accept	of the appointment as registered	
-	111	LANO - Preside	1)11 /	inter let tok	1 20197	
SIGNATURE			Begistered Agent signature requi	and when reinstatural	DATE	
12.	OFFICERS AND		T 13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	1.1 TILE	P	Change Additi	
NAME	SOLANO, ALEXANDER M		1.2 NAME	•	<b>7.</b> 3	
STREET ADDRESS	1324 S.W. 102ND AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174		1.4 CHY-S1-ZIP			
TITLE		DELETE	2.1 1111.1		Change Addili	
NAME			2.2 NAME		End orange E Hadiii	
STREET ADORESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			E i			
TITLE		DELETE	2. 4 C(1Y - S1 - Z(P 3.1 T(1) E		Change Additi	
NAME			3.2 NAME		Li Vitango Li Routti	
STREET ADDRESS			3.3 STREET ADDRESS		*	
CITY-ST-ZIP			<b>I</b>			
TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Additi	
NAME		Land Michile	4. 2 NAME		C. Vitalige () Apolit	
STREET ADDRESS						
			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Additi	
NAME					□ Change □ Additi	
			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY - \$1 - ZIP			

DELETE

6 1 Hite

6.2 NAME

6.3 STREET ADDRESS

6.4 CHTY - \$1 - 7IP 14. I do 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 pringed, of on an attagringent with an address