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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030514 (9)

A.M.S. COMPUTER ENTERPRISES, INC.

Principal Plac	ce of Business	Mailing Address		T CONTINUE OF CONTRACTION OF THE CONTRACT OF T	HIER BOIDE DIEUL HIDE QUOL HON
9020 NW 8	\$T	9020 NW 8 ST			
405 MIAMI FL 33172		405		DO NOT WRITE IN THIS SPACE	
US US	1172	MIAMI FL 33172 US		3. Date Incorporated or Qualified	3 STACE
"		00		04/08/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u>-</u>	26		65-0663338	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	- T	Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country 30	8. This corporation owes or has paid the o	current year Intangible
24	9. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	
90	DLANO, ALEXANDER M		81 Name	Total Maria Sala Maria M	4 / Ago
	20 NW 8 ST		20 0		
405			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
,	AMI FL 33172		83		
			84 City		85 Zip Code
				F	L 1 1 1 1 1 1 1 1 1
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above-named co	orporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered
agent la	am familiar with, and accept the object	gations of Section 607.0505, F	lorida Statutes	ration's board of directors. Thereby accept the a	ppointment as registered
SIGNATURE	[[Umali	v M des	4/20/98		
12.	Signature, typed or printed name of positioned ag	ent and title applicable (NC ID DIRECTORS	OTE Registered Agent signature re	pquired when reinstaling) ADDITIONS/CHANGES TO OFFICERS A	UD DIDECTORS IN AS
TITLE	D OFFICERS AN	DELETE		PRESIDENT	Change Addition
NAME	SOLANO, ALEXANDER M			SOLAND, ALEXANDER M.	Curango Di Apparion
STREET ADDRESS	1324 S.W. 102ND AVE.		1.3 STREET ADDRESS	9020 N.W. BTH ST, #40!	5
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	• -	3172
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST- ZIP		
TITLE		☐ DELE te	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		·····	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4 0 010001 40000000		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE NAME		T belete	4.4 CITY-ST-ZIP		Change
		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
i		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
STREET ADDRESS		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition

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 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 changed, or on an attachment with an armon.

SIGNATURE: