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PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000034250

P.S.C. COMPUTER INTERNATIONAL, CORP.

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Principal Place	e of Business	Mailing A	\ddress				1 (00/100) (10 10/10 0)				
13850 SW 30 STREET 13850 SW 30 STREET											
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			-			3.	Date Incorporated or	Qualifed			
						j	04/19/1996				
2. Principal P	Place of Business	2a. Mailir	ng Address			4.	FEI Number			A	pplied For
21		26				· .	65-0659862			N	ot Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			_		ا بدادت		\$8.75	Additional
22		27				5.	Certifcate of Status D	esired [	_	Fee R	equired
City & Stat	le		& State			6	Election Campaign Fi	nancing _	_	\$5.00	May Be
23		28				"	Trust Fund Contributi		J		to Fees
Zip	Country	Zip		Cou	ntry		This corporation owes		vear Inta	ngible	
24	[25]	29		30	•	0.	Personal Property Ta		-	Yes	□No
24	9. Name and Address of Curre	1	Agent	100		10	Name and Address		istered A	aent	
<u> </u>		A. L. C.			81 Name	10.					
МАР	ITINEZ, ARSENIO A	a Sel Manager Anna and a selection of the selection of th	est No. 1							, , ,	
4199 S.W. 136TH AVE.				82 Street	Address (F	ess (P.O. Box Number is Not Acceptable)					
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		-			"				FL	11	1
11. Pursuant	to the provisions of Sections 607.050	02 and 607.150	8, Florida Statu	tes, the al	ove-named	corporation	n submits this stateme	nt for the pur	pose of c	hanging its	registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, are faccept the obligations are continuous to the obligations of the obligations are continuous to the obligations of the obligations are continuous to the obligations of the obligati	of Florida. Suc	ch change was a	uthorized	by the corp	oration's bo	oard of directors. I here	by accept th	e appoint	tment as re	egistered }
agent. i a	im familiar with, and accept the obliga	auons or, secut	лг 007.0303, г <sub>.</sub> к	niua Stati	iles.						
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	Signature, types or printed name of registered age				Agent signature		ADDITIONS/CHANGE		DATE FRS AND	DIRECTO	ORS IN 12
12.	Signature, types or printed name of registered agr OFFICERS At	ent and title if applicat ND DIRECTOR	S	13.	•		ADDITIONS/CHANGE				ORS IN 12
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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 in execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

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