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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000069247 (0)

AMIACOMP COMPUTERS, INC.

FILED Mar 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					-\			
490 W 39 STREET								
	•	·				DO NOT WRITE IN THIS SP	ACE	
						3. Date Incorporated or Qualified 08/20/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21 26						65-0687714	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	· ·			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State						6. Election Campaign Financing	\$5.00 May Be	
23	28					Trust Fund Contribution	Added to Fees	
Zip	Country			8. This corporation owes or has paid the current year Intangible				
24	25	[29]	30	,			Yes No	
	g. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Ag	jent	
rodriguez, adrian				81	Name			
490 W 39 STREET				82	Street Addr	dress (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33012								
				83	1			
				84	City	FI	85 Zip Code	
SIGNATURE	Signature, typed or printed name of registerest a	agent and trie if applicable (NO	1E Registere			coration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint red when reinslating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	PD PROPRIOUSE APPRAIS	DELETE	1.1 TI			L	Change Addition	
NAME	RODRIGUEZ, ADRIAN		1.2 N					
STREET ADDRESS	1841 5411 54 00040			1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012			1.4 CITY~ST-ZIP 2.1 TITLE			Change Addition	
TITLE	INTERNITATION AND A					L	T cusude TT vocition	
NAME				2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP	HIALEAH FL 33012			2. 4 CITY - ST - ZIP 3.1 TITLE			Change Addition	
TITLE		☐ DELETE				L	T CHRUNGE TT MODITION	
NAME			3.2 N					
STREET ADDRESS	T T T T T T T T T T T T T T T T T T T				ADDRESS			
CITY-ST-ZIP	ST-ZIP DELETE			3.4. CITY-ST-ZIP 4.1 TITLE			Change Addition	
TITLE				4.1 IIILE 4. 2 NAME		<u> </u>	_ Zamingo zaminini	
NAME					4000000			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE			IT- ZIP		Change Addition	
TITLE			-	5.1 TITLE 5.2 NAME		_		
NAME					ADODECC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP 6.1 TITLE			Change Addition	
TITLE			6.1 1 6.2 N			_	Toughdo Flynnyddi	
NAME								
STREET ADDRESS					ADORESS			
CITY-ST-ZIP	certify that the information supplied	with this films stopp and qualify			I-ZIP	Section 119.07(3)(i). Florida Statutes, I further certi	fy that the information	

amplion stated in Section 119.07(3)(), Florida Statutes. Turriner certify that the Informatic of that my signature shall have the same legal effect as if made under only, that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execu Block 12 or Block 13 if changed, or on an attachment with an address.

3/21/98