Date Due: 05/01/98 Amount Due: $ 150.00 If After Due Date:

FILED
Sep 30 1998 8:00am
Secretary of State

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT # P96000072911

DADE COMPUTER CARE SERVICES, CORP.
5599 SW 8 STREET
MIAMI, FL 33134

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 09/03/1996
3a. Date of Last Report: 05/16/1997
4. FEI Number: 65-0690822 (Applied For / Not Applicable)

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principle Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOSE M TEJON
5599 SW 8 STREET
MIAMI, FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
If registered Agent Accepting Appointment

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS (Continued)	
1.1 TITLE	P-D	1.1 TITLE	
1.2 NAME	JOSE M TEJON	1.2 NAME	
1.3 ADDRESS	5599 SW 8 STREET	1.3 ADDRESS	
1.4 CITY-ST-ZIP	MIAMI, FL 33134	1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 ADDRESS		2.3 ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	500002652895
6.2 NAME		6.2 NAME	-09/30/98--01080--038
6.3 ADDRESS		6.3 ADDRESS	***150.00
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Please Note that we never Received the 1998 Corporation Annual Report, THAT IS THE REASON WHY WE ARE PAYING $150.00. Thank You.

JS 9-30

14. I certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify 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 or Chapter 617, Florida Statutes; and that my name and address are correctly stated and that all required fees are paid. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes.

SIGNATURE

DATE 9/15/98

Print/Type Name of signing officer or Director: JOSE M. TEJON
Title(s): PRESIDENT
Daytime Telephone Number: (305) 265-5882.

FOLD