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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

25

COCONUT GROVE FL 33133

3225 AVIATION AVENUE STE 300

KATZ, LAWRENCE S

BAYVIEW PLAZA

Suite, Apt. #, etc.

City & State

Zip

21

22



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortilam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075094 (8)

COMPLETE COMPUTER CONSULTANTS, INC.

Principal Place of Business Mailing Address 14087 SW 48TH LANE 14087 SW 48TH LANE MIAMI FL 33175 MIAMI FL 33175

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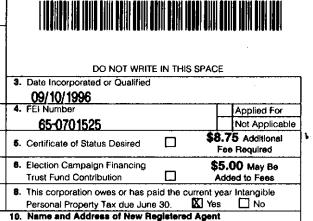
9. Name and Address of Current Registered Agent

Mailing Address

Suite, Apt. #, etc.

City & State

FILED May 11 1998 8:00am Secretary of State



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Country

62

83

84 City

Name

Street Address (P.O. Box Number is Not Acceptable)

30

agent. i a	im tamiliar with, and accept the obligation	s of, Section 607.0505, Flo	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE	Registered Agent signature require	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		IS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	Addition
HAME	YU, TIMOTHY		1.2 NAME			
STREET ADDRESS	14087 SW 48TH LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	VP .	DELETE	2.1 TITLE		☐ Change	Addition
NAME	YU, GREGORY T		2.2 NAME			
STREET ADDRESS	14087 SW 48TH LN		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP			
TITLE	8	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	YU, MEI		3.2 NAME			
STREET ADDRESS	14087 SW 48TH LN		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 or an attachment with an address.

SIGNATURE: X

Timothy Yu

4/28/98 (305) 221-4355

Zip Code