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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090246 (5)

1. Corporation Name
UNITED COMPUTERS & SOLUTIONS II INC.



Principal Place of Business

Mailing Address

21770 SW 98 AVE.
MIAMI FL 33190

21770 SW 98 AVE.
MIAMI FL 33190-1181

3. Date Incorporated or Qualified

3a. Date of Last Report

11/04/1996

2. Principal Place of Business

2a. Mailing Address

21 7370 NW 36st

26 7370 NW 36st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 220 G

27 220 G

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33160

25 Dade

29 33160

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORONADO, RAMONA
7380 CORAL WAY, STE. 21
MIAMI FL 33155

81 Name

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

83

84 City

FL

85 Zip Code

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ARENAS, JUAN C
STREET ADDRESS 21770 SW 98 AVE.
CITY- ST- ZIP MIAMI FL 33190

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE DS
NAME ROMERO, NOEMI
STREET ADDRESS 19080 NW 57 AVE., APT. 102
CITY- ST- ZIP MIAMI LAKES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-97 (305) 599-2207

CR2E034 (9/96)