

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

FILED
May 11 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000069255 (2)
 1. Corporation Name
PRODUCTIVE COMPUTER SYSTEM, INC.



| | |
|--|--|
| Principal Place of Business 782 NW LEJEUNE ROAD SUITE 428 MIAMI FL 33126 | Mailing Address 782 NW LEJEUNE ROAD SUITE 428 MIAMI FL 33126 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/11/1997 | |
| 4. FEI Number 65-0774732 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 14249 SW 53 ST. | 26 P.O. Box 65-1609 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 MIAMI FL | 27 MIAMI, FL |
| City & State | City & State |
| 23 33175 USA | 28 33265-1609 USA |
| Zip Country | Zip Country |
| 24 | 25 |
| 29 | 30 |

9. Name and Address of Current Registered Agent

**ACUNA, GEORGINA
 782 NW LEJEUNE ROAD
 SUITE 428
 MIAMI FL 33126**

10. Name and Address of New Registered Agent

| | |
|--|--------------------------------|
| 81 Name GEORGINA ACUNA | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 14249 SW 53 ST | |
| 83 | |
| 84 City MIAMI | 85 Zip Code FL 33175 |

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]* **4-27-98**

Signature: type or print name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ACUNA, GEORGINA | |
| STREET ADDRESS | 782 NW LEJEUNE RD, STE 428 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ACUNA, ALBERTO | |
| STREET ADDRESS | 782 NW LEJEUNE RD, STE 428 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 on an attachment with an address.

SIGNATURE *[Signature]* **4-27-98 305-223-1119**

CR2E034 (10/97)