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

FILED Mar 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthan ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000086910 (1) TMA COMPUTER CONSULTING CORP. Principal Place of Business Mailing Address P.O. BOX 165646 P.O. BOX 165646 MIAMI FL 33116 MIAMI FL 33116 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1997 FEI Number 65-0787538 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ABDULLA, TAYSIR 12234 SW 95 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 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, typod or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE ABDULLA, TAYSIR NAME 1.2 NAME P.O. BOX 165646 N/A STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33116** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change ☐ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 a

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-2IP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition

CR2E034