

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000088480

1. Corporation Name

TO THE RESCUE COMPUTER CORP.

Principal Place of Business

Mailing Address

1521 ALTON ROAD
SUITE 236

1521 ALTON ROAD
SUITE 236

MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

3a. Date of Last Report

10/13/97

4. FEI Number

65-0788315

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, LEO J JR
1250 WEST AVENUE #7L
MIAMI BEACH, FL 33139

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	<input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	CRUZ, LEO J JR
STREET ADDRESS		1.3 STREET ADDRESS	1250 WEST AVENUE #7L
CITY - ST - ZIP		1.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SABALLOS, ORLANDO
STREET ADDRESS		2.3 STREET ADDRESS	1443 WEST AVENUE #9
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	SC 4/21
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	400002495164 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/21/98--01065--022
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY - ST - ZIP		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)(f), 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 #