

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90145 029 \*\*\*150.00

DOCUMENT #98000060800

1. Corporation Name

PR COMPUTER CORP.

Principal Place of Business

NW 7TH STREET #105  
FL 33172

Mailing Address

11389 NW 7TH STREET #105  
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1998

4. FEI Number

650849448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 15895 SW 128 PL

Suite, Apt. #, etc.

2a. Mailing Address

26 15895 SW 128 PL

Suite, Apt. #, etc.

22 City & State

23 Miami, FL 33183

Zip Country

27 City & State

28 Miami, FL 33183

Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

RODRIGUEZ, HECTOR  
11389 NW 7TH STREET #105  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name Rodriguez, Hector  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 15895 SW 128 PL  
84 City Miami FL 85 Zip Code 33183

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

X Hector Rodriguez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME RODRIGUEZ, HECTOR

STREET ADDRESS 11389 NW 7TH STREET #105

CITY-ST-ZIP MIAMI FL 33172

TITLE SD ☐ DELETE

NAME PAEZ, OSCAR E JR

STREET ADDRESS 11389 NW 7TH STREET #105

CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☐ Change ☐ Addition

1.2 NAME Rodriguez, Hector

1.3 STREET ADDRESS 15895 SW 128 PL

1.4 CITY-ST-ZIP Miami, FL 33183

2.1 TITLE SD ☐ Change ☐ Addition

2.2 NAME PAEZ, OSCAR E JR

2.3 STREET ADDRESS 10750 NW 66th Street Apt A 303

2.4 CITY-ST-ZIP Miami, FL 33178

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: X Hector Rodriguez REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)