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	j 			
R COMPUTER CORP.				
) (26)(11 3 000 3608 0 (3 00 36	101 03 01 1 90 0
Principal Place of Business Mailing Address	I	EBO (118 18180 (BIN) 88NIX EBINX 88NIX 88	FR BUILL BRIST LOSIN OF	ILL BELL LEDI
NW 7TH STREET #105 11389 NW 7TH STREET #105				
FL 33172 MIAMI FL 33172				
		DO NOT WRITE	IN THIS SPACE	
	,	Incorporated or Qualifed		
	07/09/19		 -	Applied For
2. Principal Place of Business 2a. Mailing Address	128 Pl 65	0849448	H	
21 V 5895 5W 128 Pl. 26 × 5895 5W	128 71, 60	084 1440	\$9.7	Not Applicable 5 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certi	fcate of Status Desired	1	Required
City & State City & State	6 Elec	tion Campaign Financing	\$5.0	00 May Be
23 Harry Fl. 33183 28 Miani F)		t Fund Contribution	Add	led to Fees
Zip Country Zip . Cou	try 8. This	corporation owes the current	year Intangible	
24 29 30	Pers	onal Property Tax.	Yes Yes	□No
Name and Address of Current Registered Agent	10. Nam	e and Address of New Reg	istered Agent	
	Name Lookiase	2 Hoche		
rodriguez, hector		ox Number is Not Acceptable	1)	
11389 NW 7TH STREET #105	X 5895 50		<u> </u>	
MIAMI FL 33172	83			
	84 City Do	•	85 Z	Zip Code
	MTan.			3183
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a	ove-named/corporation sub-	nits this statement for the pur	pose of changing	its registered
 Pursuant to the provisions of Sections but usuz and but 1504, Florida Statules, the a office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State 	hy the corporation's board o	r directors. I nereby accept tr	e appointment as	s registered
1 t - 8 - 11				,
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered	gent signature required when reinstation	(g)	DATE	
12. OFFICERS AND DIRECTORS 13.		TIONS/CHANGES TO OFFIC		
TITLE PTD DELETE 1.1 TI	E PTD,	la-La	Char	nge
NAME RODRIGUEZ, HECTOR 1.2 N	E Rod Lig	182, Loctor		
	EETADDRESS 5895	128 Pl.		
	(-ST-ZIP Hiani	F1. 33183	·	
TITLE SD DELETE 2.1 TI	E SD	•	☐ Chan	
NAME PAEZ, OSCAR E JR 222 N				
	E face 2 ()	ocal E.JR.		
STREET ADDR ESSES NW / IH STREET #105	EETADDRESS 10730 N	w 66th stee	1 tack	, A 303
211/221/4303 (411) [1] Q11/EL1 #100	EETADDRESS 10730 N Y-ST-ZIP FAMI	w 66th 3fee	& Capho	A 303
21/22/43/03 (44) (11 OTHEET #100	EETADDRESS 10730 N Y-ST-ZIP Fani,	ocal E. JR. w 66th 3flee Fl =33178	A Capho	. A 303 nge □ Addition
CITY-ST-ZIP MIAMI FL 33172	E //	ecal E. JR. W 66th Sfee: Ff =33178	A Capho	y A 303 ige □ Addition
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CITY-ST-ZIP MIAMI FL 33172 2.40 TITLE	E ME	W 66th Sfee:	_ Cnar	ige [] Addition
CITY-ST-ZIP MIAMI FL 33172 2.40 TITLE	E ME EEFT ADORESS Y-ST-ZIP	W 66th Sfee:	Deaphon □ Char	ige [] Addition
CITY-ST-ZIP MIAMI FL 33172 2.40 TITLE	E ME EET ADDRESS Y-ST-ZIP E	6096 E. JR. W 66th Sfee: F1-33178	_ Cnar	ige [] Addition
CITY-ST-ZIP MIAMI FL 33172 2.40 TITLE	E ME EET ADDRESS Y-ST-ZIP E	6096 E. JR. W 66th Sfee: Fl 33178	_ Cnar	ige [] Addition
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CITY-ST-ZIP MIAMI FL 33172 2.4 C TITLE	E ME ME ME Y-ST-ZIP E ME ME EET ADDRESS /-ST-ZIP E ME M	W 66th 3 fees F1 33178	Char	nge Addition

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)