Added to Fees

## 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

## DOCUMENT # P98000062059

Country

9. Name and Address of Current Registered Agent

25

24

MICRO COMPUTER SYSTEM ENTERPRISES, INC.

Principal Place of Business	Mailing Address	1 ) \$41(\$61 115 16(\$7 15(1) \$4(1) \$5(1) \$4(1) \$4	1 1881(88) sik sitika talut sakut abut sakut satus sutus satus tanu satu		
13620 NE 1 AVE. N. MIAMI FI. 33162	13620 NE 1 AVE. N. MIAMI FL 33162	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed 07/13/1998			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	65-0850438	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	6. Election Campaign Financing	\$5.00 (Aay Be		

Zip 29

NUNEZ, RODOLFO 13620 NE 1 AVE. N. MIAMI FL 33162

Country		- 1	This corporat Persor al Pro	ion owes the cuperty Tax.	ırrent year nta	ngible	IJNo.
		10.	Name and A	ddress of New	Registered A	gent	
81	Name						
82	Street Ac	dress (P.	O. Box Numb	er is Not Accep	otable)		
83		<del>,</del>					
84	City					85 Z	Zip Code

Trust Fund Contribution

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90135 047 \*\*\*150.00

11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statules, 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 Statules.

30

SIGNATURE	Signature, typed or printed na ne of registered agent and title if applicable. (NOT:: R	Registered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTOR	
TITLE	P □ DELETE	1.1 TITLE	P	Change	☐ Addition
NAME	NUNEZ, RODOLFO	1.2 NAME	18- STANES		
STREET ADDRESS	13620 NE 1 AVE.	1.3 STREET ADDRESS	1		
CITY-ST-ZIP	N. MIAMI FL 33162	14 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRE IS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		34. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME	1		
STREET ADDRES S		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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:

Roddlo Nunez, Pivez NONING OFFICER OR DIRECTOR