FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 15 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S57494** **(4)**

1. Corporation Name
SEROS COMPUTER SYSTEMS, INC

Principal Place of Business	Mailing Address
5209 NW 74 AVE STE 226 MIAMI FL 33166 US	5209 NW 74 AVE STE 226 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1991
3a. Date of Last Report: 05/23/1994

2. Principal Place of Business
21: 5209 N.W. 74 AVE.
Suite, Apt. #, etc.
22: SUITE 212
City & State
23: MIAMI, FL
Zip 24: 33166 Country 25: USA

2a. Mailing Address
26: 5209 N.W. 74 AVE
Suite, Apt. #, etc.
27: SUITE 212
City & State
28: MIAMI FL
Zip 29: 33166 Country 30: USA

4. FEI Number: 65-0261337 ☐ 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 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
LOSADA, ELISA D. 5370 NW 172 ST MIAMI FL 33055	81 Name: SERGIO E. SILVA 82 Street Address (P.O. Box Number is Not Acceptable): 5370 N.W. 172 ST. 83: 84 City: MIAMI FL 85 Zip Code: 33055

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] 5/1/95
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	PMD	11 TITLE	PD	☒ Change ☐ Addition
NAME	FERNANDEZ, JOSE O.	12 NAME	SILVA, SERGIO E.	
STREET ADDRESS	1511 NW 36 AVE	13 STREET ADDRESS	5370 N.W. 172 ST	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	S	21 TITLE	VD	☒ Change ☐ Addition
NAME	CABEZAS, MARIA A..	22 NAME	FERNANDEZ, JOSE O.	
STREET ADDRESS	1511 NW 36 AVE	23 STREET ADDRESS	1511 N.W. 36 AVE.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	VTD	31 TITLE	S	☒ Change ☐ Addition
NAME	SILVA, SERGIO E.	32 NAME	CABEZAS, MARIA A.	
STREET ADDRESS	5370 NW 172 ST	33 STREET ADDRESS	1511 N.W. 36 AVE	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		41 TITLE	T	☐ Change ☒ Addition
NAME		42 NAME	LOSADA, ELISA D.	
STREET ADDRESS		43 STREET ADDRESS	5370 N.W. 172 ST.	
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FL 33055	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: [signature] 5/1/95 (305) 471-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0183492 CP