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
[illegible] PM 8:05
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75304** **(3)**

1. Corporation Name
SYSTEMATIC BUSINESS COMPUTERS, INC.

Principal Place of Business
14672 SW 50 TERR
MIAMI FL 33175

Mailing Address
14672 SW 50 TERR
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/23/1991**
3a. Date of Last Report: **02/11/1994**

2. Principal Place of Business
21 2100 W 76 Street
Suite Apt # etc.
22 Suite 404
City & State
23 Hialeah Flc.
Zip
24 33016
Country
25 USA

2a. Mailing Address
26
Suite Apt # etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
65-0279212
☐ 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. The corporation has been [illegible] pursuant to [illegible] Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NEIMAN, EDDIE S.
801 NE 171 ST
MIAMI FL 33162

10. Name and Address of New Registered Agent

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 Section 607.1501 and 607.1504 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 [illegible] Date

12. OFFICERS AND DIRECTORS

Title	D
NAME	FERNANDEZ, DAVID
STREET ADDRESS	14672 SW 50 TERR
CITY-ST-ZIP	MIAMI FL
Title	D
NAME	NEIMAN, EDDIE S.
STREET ADDRESS	801 NE 171 ST
CITY-ST-ZIP	MIAMI FL
Title	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
Title	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
Title	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
Title	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. Title	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. Title	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. Title	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. Title	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. Title	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. Title	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I 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 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Eddie Neiman Eddie N
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/5/95

Daytime Phone Number: 521-6070

0181406 CP