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 APR 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S83403** **(3)**

1. Corporation Name
MOLAS COMPUTERS, INC.

Principal Place of Business
12862 SW 61ST ST
MIAMI FL 33183

Mailing Address
12862 SW 61ST ST
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/27/1991
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business: 4430 NW 79 Ave.
26 2a. Mailing Address: 4430 NW 79 Ave.
4. FEI Number: 65-0289963 — Applied For ☐ Not Applicable ☐

22 Suite, Apt. #, etc.: # 1D
27 Suite, Apt. #, etc.: # 1D
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State: Miami, FL.
28 City & State: Miami, FL.
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip: 33166 — 25 Country:
29 Zip: 33166 — 30 Country:
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
DEL AMO, CARLOS C.
3929 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — 85 Zip Code: FL

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] — 4-17-95
Signature of and typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	LOPEZ, HERIBERTO	12 NAME	LOPEZ, HERIBERTO	
STREET ADDRESS	4430 NW 79 AVE #18	13 STREET ADDRESS	4430 NW 79 AVE., # 1D	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	MIAMI, FL. 33166	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY - ST - ZIP		24 CITY - ST - ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY - ST - ZIP		34 CITY - ST - ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY - ST - ZIP		44 CITY - ST - ZIP		
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)(k), 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.

SIGNATURE: [signature] — 4/17/95 — (305)592-9375
SIGNATURE AND TYPED OR PRINTED NAME OF ENTITY OFFICER OR DIRECTOR — Date — Daytime Phone #

0001071 CP