

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01072 (0)

1. Corporation Name:

MICRO INFORMATICA COMPUTERS CORP.

Principal Place of Business
**99 S E 5TH STREET #120
MIAMI FL 33131**

Mailing Address
**99 S E 5TH STREET #120
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/18/1991** 3a. Date of Last Report **04/20/1994**

4. FEI Number **65-0300890** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DREYFUS, JULIA
99 S E 5TH STREET #120
MIAMI FL 33131**

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 Sections 601, 602 and 607, F.S., Florida Statutes, this state chartered 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 obligation of a registered agent, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

12. OFFICER, ADDITIONAL OFFICERS

13. ADDITIONAL CHANGES TO OFFICERS AND THEIR OFFICES

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

**PD
DREYFUS, JULIA
99 S E 5TH STREET #120
MIAMI FL
STD
LIMA, ELIZABETH
99 S E 5TH STREET #120
MIAMI FL**

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

**V. P. - DIRECTOR
JULIA DREYFUS
99 SE 5TH STREET #120 MIAMI FL**
n/a
**PRESIDENT - TREASURER
GILBERT DREYFUS - DIRECTOR
99 SE 5TH STREET #120 MIAMI FL**
**SECRETARY
JULIA DREYFUS
99 SE 5TH ST. #120 MIAMI, FL**

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for this exemption stated in Section 119.02(2)(g), Florida Statutes. I further certify that the information included in 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 in this capacity or have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 on Block 13 of completed form and is attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIA DREYFUS

5/1/95

305-377-1930