

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V01072 (0)

1. Corporation Name

~~MICRO-INFORMATICA COMPUTERS CORP.~~

MICRO InFORMATICA 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

NIC 12-15-95
SC



3. Date Incorporated or Qualified
12/18/1991

3a. Date of Last Report
05/01/1995

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

9. Name and Address of Current Registered Agent

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

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 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 typed or printed name of officer or director of the corporation

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME DREYFUS, JULIA
STREET ADDRESS 99 S E 5TH STREET #120
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE PTD
NAME DREYFUS, GILBERT
STREET ADDRESS 99 SE 5TH STREET #120
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT-SECRETARY ☒ Change ☐ Addition

1.2 NAME DIRECTOR

1.3 STREET ADDRESS DREYFUS, JULIA

1.4 CITY-STATE-ZIP 99 SE 5TH ST. SUITE 120 MIAMI, FL

2.1 TITLE VICE-PRESIDENT-TREASURER ☒ Change ☐ Addition

2.2 NAME DIRECTOR

2.3 STREET ADDRESS DREYFUS, GILBERT

2.4 CITY-STATE-ZIP 99 SE 5TH ST. SUITE 120 MIAMI, FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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-05/16/96--01013--020
***208.75

Signature
Jr

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIA DREYFUS
President

4/26/96 305-377-1930

CR2E034 (12/95)