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SIGNATURE:

May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (8)V33922 ARS COMPUTERS, INC. Principal Place of Business Mailing Address 8000 NW 31ST STREET 8000 NW 318T STREET SUITE 17 SUITE 17 DO NOT WRITE IN THIS SPACE MIAMI FL 33122-1049 MIAMI FL 33122-1049 3. Date Incorporated or Qualified 05/01/1992 Tincipal Place of Business
ASOB NW 52nd Mailing Address
7480 B NA 4. FEI Number Applied For 65-0332991 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Meni Meni City & State 6. Election Campaign Financing \$5.00 May Be Horids MIGH 28 Trust Fund Contribution 23 Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COREY, JOE 8000 NW 31TH ST Street Address (P.O. Box Number is Not Acceptable) **BAY 17** 63 MIAMI FL 33122 84 City Zip Code 11. Pursuant to the provisions of Soctions 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, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE TITLE 11 TITLE Change Addition COREY, JOE NAME 12 NAME Stat Si 8000 NW 31TH ST., BAY 17 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CiTY-ST-ZiP CITY-ST-ZIP 14. Thereby certify that the information supplied with this fill indicated on this annual report or supplemental annual officer or director of the corporation or the requirer of Block 12 or Block 13 if changed, or on an attackment of the corporation. is not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accourate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 4.28.88

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