FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V38140

(2)

R.S. COMPUTER SALES, INC.

FILED May 28 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			il Boll bidil dibil dibi	8 8 8 8 8 8 8	
2700 SW 3 AVE 2700 SW 3 AVE							
, as a second se				DO NOT WICH	DO NOT WENTE IN THIS SPACE		
MISMI FL 33129 ENTERED MAY 1 3 1996 FL 33129				3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
00		00		05/21/1992	•		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0384492		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional	
22		27				Fee Required	
City & State	o O	City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23 Zip	Country	28	Country	8. This corporation owes or has			
24	25]	h	30	Personal Property Tax due Jur	· ·		
	9, Name and Address of Curren			10. Name and Address of New I	legistered Agen	i	
D	OWNS, CRAIG T.		81 Name	BICHARD D. S	bellow	/	
34	00 SE VILLA AVENUE	2200 C/1 2rd n	10 000	- ~ ac			
	UITE 305	2700 SW 359 A	ie, sui	It SIF			
C	ORAL GABLES FL 33134		83	-	•		
'			84 City	Mami	EI 85	Zip Code	
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statute	s. the above-named o	corporation submits this statement for the	purpose of char	nging its registered	
a office or t	egistered agent, or poth, in the State in familiar with, and accept the obliga	of Florida, Such change was au	uthorized by the corne	oration's board of directors. I hereby acc	ept the appointm	.ent as registered	
	and decept the transp	, mons or, Section 607 3005, 1 to	•		5/13/	28	
SIGNATURE	Signature, typest on one diname of registere Fage	cland the itapp teable (NOH	Registered Agent signature (equired when reinstating)	DATE		
12.	OLLICERS AN		13.	ADDITIONS/CHANGES TO OFF			
TITLE	DP	☐ DELETE	1.1 TALE			Change	
NAME	SHELLOW, RICHARD		1.2 NAME				
STREET ADDRESS	2700 SW 3 AVE STE 2F		1.3 STREET ADDRESS				
CITY-ST-ZIP TOLE	MIAMI FL 33129 SD	DELETE	1.4 CHY-ST-ZIP 2 1 HTLE		170	Change	
NAME	SHELLOW, ROBERT		2.2 NAME				
STREET ADDRESS	2700 SW 3 AVE STE 2F		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33129		2 4 CHTY-ST-ZIP		,	▶ i	
TITLE	TD	DELETE	3 1 TITLE	TMD	TW C	Change Addition	
NAME	SHELLOW, ANNETTE		3.2 NAMÉ	Shulow, Annette			
STREET ADDRESS	15520 S.W. 82 AVE.		3.3 STREET ADDRESS	1220 SW 82 146			
CITY-ST-ZIP	MIAMI FL 33157		3.4. CITY-ST-7IP	Miami Fl 3315			
TITLE	VP	(X) DELFTE	4.1 TITLE	/		change L Addition	
NAME	CASTANEDO, JUANA M.		4. 2 NAME				
STREET ADDRESS	9290 SW 34 ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL	DELETE	4.4 CHTY-ST-ZIP 5.1 THLE			hange Addition	
TITLE		בין הבננונ	5.2 NAME			nange Addition	
NAME CENTEX ADDRESS	1		5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE			hange	
NAME			6.2 NAME			·	
STREET ADDRESS			63 STHEET ADDRESS				
CITY-\$T-ZIP			64 C(1Y - ST - ZIP				
14. Thereby o	certify that the information supplied w	ith this filing does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes	I further certify the	nat the information	
officer or	on this annual report or supplementa director of the corporation or the reco or Block 13 if changed, $\phi(\phi)$ an attac	niver or trustee empowered to ex	rate and that my sign xecute this report as r	ature shall have the same legal effect as required by Chapter 607, Florida Statutes	in made under of s; and that my ha	ath; that I am an me appears in	