05-02-2002 90044 038 ***150.00

DOCUMENT # **V38140** 1. Entity Name

R.S. COMPUTER SALES, INC.

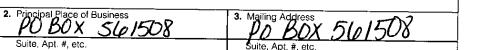
Principal Place of Business

15520 SW 82 AVE

MIAMI FL 33157 US

Mailing Address

PO BOX 561508 MIAMI FL 33256





2. Principal Place of Business PO BOX 5(µ/508) Suite, Apt. #, etc.		Po BOX 501508			-			
<u> </u>		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE		
City & State MIQM		City & State Milami	FL	4.	FEI Number 65-0384492		Applied For lot Applicable	
<u> 33250</u>	P USA	- ^{ZIP} 33256	Country A =	5	Certificate of Status Desired	\$8.75 Ad	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SHELLOW, RIG 15520 SW 82	Name Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 3315								
MINIMI FE 00 K								
	· ·		City		-	Zip Coo	ie	
8. The above nan	ned entity submits this statement for	the purpose of changing its reg	istered office or reg	istered ag	ent, or both, in the State of Florida.	- J -,,		
SIGNATURE S								
	ature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	gistered Agent signature red	quired when re	instating) DA	TE .		
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable			FEE IS \$150.00 Fee will be \$550.0 to Department of	00 State	Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND D	IRECTORS	12.	! ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	C INI 11	
NAME SHE	ELLOW, RICHARD D BOX 561508	☐ Delete	TITLE NAME	PIS	D.	☐ Change	Addition	
CITY-ST-ZIP MIA	MI FL 33256		STREET ADDRESS CITY-ST-ZIP				Ì	
STREET ADDRESS PO	ELLOW, ANNETTE BOX 561508 MI FL 33256	Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
	mi 1 L 30200		CITY-ST-ZIP				<u> </u>	
TITLE NAME		☐ Delete	TITLE			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	,··		TITLE NAME	1	,	Change	☐ Addition	
CITY-ST-ZIP	-, <u>-</u>		STREET ADDRESS CITY-ST-ZIP					
TITLE Name Street address			TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP		<u>, </u>	CITY-ST-ZIP					
ritle Name			TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
13. I hereby certify	that the information supplied with thi			Section 11	19 07(3)(i) Florida Statutos I further o			

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Unit required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR