SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. APPROVED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 98 0CT 16 AM 8: 23 Secretary of State 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** COMPUTERS & TRAINING CENTER, INC. Mailing Address Principal Place of Business 6408 NW. 200 ST. 6408 NW. 200 ST. MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0355528 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip Country 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BELSON, DAVID 6408 NW. 200 ST. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33015** 83 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (5/98) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change BELSON, DAVID NAME 1.2 NAME 6408 NW. 200 ST. STREET ADDRESS 1.3 STREET ADDRESS MIÁMI FL 33015 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE VPD 2.1 TITLE DELETE Change Addition RODRIGUEZ-BELSON, MAGELA NAME 2.2 NAME 100002665**6**31--9 6408 NW. 200 ST. STREET ADDRESS 2.3 STREET ADDRESS MIÁMI FL 33015 CITY-ST-ZIP ****150.00 2.4 CITY-ST-ZIP ****150**.**00 TITLE 3.1 TITLE DELETE Change 1 Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE __ Change ___ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP \$.4 CITY-ST-ZIP TITLE 6 1 TITLE DELETE Change NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 City-ST-Zip 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i). 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 compression or the receiver or fusitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

an attachment with an

SIGNATURE

Dear Mr. Sean Toner

Per our recent telephone

Conversation, I am enclosing the

2nd Notice (1998 Profit Corporation)

and a Check for \$150.00 to

replace the one lost in the

mail (originally Sent on 4/15/98).

If there are any guestions

or concerns please feel tree

to contact me at (305) 623-3854.

Thank you in advance

for your help.

Sincerely, David Belson email: DeBECSON@ Yahoo. Com

and the second second