

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED

96 DEC 20 AM 7:49

DOCUMENT # V55391 (9)
 1. Corporation Name
 A.F. COMPUTER SYSTEMS, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT *96*

Principal Place of Business Mailing Address
 8306 MILLS DRIVE 8306 MILLS DRIVE
 UNIT 639 UNIT 639
 MIAMI FL 33183 MIAMI FL 33183
 US US

3. Date Incorporated or Qualified 08/05/1992
 3a. Date of Last Report 08/14/1995

2. Principal Place of Business 2a. Mailing Address
 21 847 NW 119 Street 26 847 NW 119 Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 # 205 27 # 205
 City & State City & State
 23 MIAMI, FL. 28 MIAMI, FLORIDA
 Zip Country Zip Country
 24 33168 25 USA 29 33168 30 U S A

4. FEI Number 65-0349467 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

9. Name and Address of Current Registered Agent
 FERREIRA, ALEXANDRE GOME
 8306 MILLS DRIVE
 UNIT 639
 MIAMI FL 33183

10. Name and Address of New Registered Agent
 81 Name BERNARD BRYANT
 82 Street Address (P.O. Box Number is Not Acceptable) 847 NW 119 Street
 83
 84 City MIAMI FL 85 Zip Code 33168

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 _____ DATE _____
Signature of officer or director, registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME D FERREIRA, ALEXANDRE G.
 STREET ADDRESS 8306 MILLS DR #369
 CITY- ST- ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 11 TITLE Change Addition
 12 NAME 100002039001--8
 13 STREET ADDRESS -12/27/96--01036--027
 14 CITY- ST- ZIP ****375.00 ****375.00
 21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY- ST- ZIP
 31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY- ST- ZIP
 41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY- ST- ZIP
 51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY- ST- ZIP
 61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY- ST- ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alexandre Ferreira* 12/17/96 (305) 685-5918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)