

010972-TC

CK 10/18
\$100.00
MC

1. Name of company or name of individual (not fictitious name or d/b/a):

L.B. Computer Solutions -

2. Name under which applicant will do business (fictitious name, etc.):

L.B. Computer Solutions -

3. Official mailing address:

Street: 7400 NW. 7 St. Miami FL Suite 114

P.O. Box: _____

City: Miami -

State: Florida Zip: 33126

4. Florida address:

Street: SAME

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

() Individual

() Corporation

() General Partnership

() Limited Partnership

() Other: _____

DEPOSIT

DATE

DO NOT

JUL 17 2001

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR 6 _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC I
- SER _____
- OTH _____

If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: P94 0000 270 38