

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:35

DOCUMENT # F93000004204 (4)

1. Corporation Name

COMPUTER EXPRESS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

15009 NW 48-9TH ST
STE 500
FT LAUDERDALE FL 33309
US

15 RICHARDSON AVE.
WAKEFIELD MA 01880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

04/13/1994

4. FEI Number

04-2791108

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

2. Principal Place of Business

2a. Mailing Address

21

26

301 NORTH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

WAKEFIELD MA

Zip

Country

Zip

Country

24

29

01880

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, DANIEL
574 WEST 50TH ST.
MIAMI BEACH FL 33140

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Registered Agent Signature (Required)

Signature of Agent (Required)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	HARRIS, MICHAEL
STREET ADDRESS	15 RICHARDSON AVE.
CITY, ST, ZIP	WAKEFIELD MA 01880
TITLE	DSC
NAME	HARRIS, MAUREEN
STREET ADDRESS	15 RICHARDSON AVE.
CITY, ST, ZIP	WAKEFIELD MA 01880
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	301 NORTH AVE
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	301 NORTH AVE
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, on an attached sheet with an address.

SIGNATURE:

Michael Harris / MICHAEL HARRIS
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

3/23/95 (617) 246-4477