

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 28 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006233

1. Corporation Name
TexCAD, Inc.

Principal Place of Business Mailing Address
2601 South Bayshore Drive #1129
Coconut Grove, FL 33133 1570 Via Monserate
Fallbrook, CA 92028

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 2601 South Bayshore Drive 26 1570 Via Monserate
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 1129 27
City & State City & State
23 Coconut Grove, FL 28 Fallbrook, CA
Zip Country Zip Country
24 33133 25 USA 29 92028 30 USA

3. Date Incorporated or Qualified 12/07/94 3a. Date of Last Report N/A
4. FEI Number 94-3211850 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
Barhumi, Nabil
2601 S. Bayshore, #1129
Coconut Grove, FL 33133

10. Name and Address of New Registered Agent
81 Name Barhumi, Nabil
82 Street Address (P.O. Box Not Acceptable) 2601 S. Bayshore
83 #1129
84 City Coconut Grove FL 85 Zip 33133

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PTDC
NAME Nabil Barhumi
STREET ADDRESS 2601 South Bayshore Drive #1129
CITY - ST - ZIP Coconut Grove, FL 33133
TITLE VDC
NAME Christopher Piedmonte
STREET ADDRESS 1570 Via Monserate
CITY - ST - ZIP Fallbrook, CA 92028
TITLE VDC
NAME Christopher Piedmonte
STREET ADDRESS 1570 Via Monserate
CITY - ST - ZIP Fallbrook, CA 92028
TITLE S
NAME Christine Nelson
STREET ADDRESS 1570 Via Monserate
CITY - ST - ZIP Fallbrook, CA 92028
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME 900001551269
13 STREET ADDRESS -08/02/95--01002--005
14 CITY - ST - ZIP ***225.00 ***225.00
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 this corporation or the recipient of a power of attorney empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: [Signature] 05/15/95 (619) 241-3251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)