

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003003 (9)

1. Corporation Name

COMTEX SYSTEMS, INC.



Principal Place of Business

Mailing Address

C/O COMTEX INFORMATION SYSTEMS, INC.
40 BROAD STREET
NEW YORK NY 10036

C/O COMTEX INFORMATION SYSTEMS, INC.
40 BROAD STREET
NEW YORK NY 10036

2. Principal Place of Business

2a. Mailing Address

21 815 NW 57th AVE

26 815 NW 57th AVE

Suite, Apt #, etc

Suite, Apt #, etc

22 STE 404

27 STE 404

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33126 2042

25 USA

29 33126 2042

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and their application

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE

NAME MULLINS, MICHAEL C

STREET ADDRESS 40 BROAD STREET

CITY - ST - ZIP NEW YORK NY

TITLE VS ☒ DELETE

NAME HAVERTY, ARTHUR

STREET ADDRESS 40 BROAD STREET

CITY - ST - ZIP NEW YORK NY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

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31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

PRESIDENT

MICHAEL HERMAN

815 NW 57th AVE SUITE 404

MIAMI FL 33126 2042

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:

Christopher A. Gould CHRISTOPHER A. GOULD

6/19/96

(212) 480 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Exhibit Phone #

CR2E034 (3/96)