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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **J82054** **(4)**

1. Corporation Name

**COMPUDOXS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3971 S.W. 8 STREET. SUITE 302<br>MIAMI FL 33134 | 3971 S.W. 8 STREET. SUITE 302<br>MIAMI FL 33134 |

3. Date Incorporated or Qualified: 07/07/1987

3a. Date of Last Report: 05/01/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2121 Ponce De Leon Blvd. | 26 2121 Ponce De Leon Blvd. |
| Suite, Apt. #, etc.<br>22 Suite 505 | Suite, Apt. #, etc.<br>27 Suite 505 |
| City & State<br>23 Coral Gables, FL | City & State<br>28 Coral Gables, FL |
| Zip / Country<br>24 33134 / 25 | Zip / Country<br>29 33134 / 30 |

4. FEI Number: 59-2827104 ☐ 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**

**LARRIEU, SILVIA L.**
**3971 S.W. 8 ST.**
**SUITE 302**
**MIAMI FL 33134**

**10. Name and Address of New Registered Agent**

81 Name: (same)

82 Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce De Leon Blvd.

83 Suite 505

84 City: Coral Gables, **FL** 85 Zip Code: 33134

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: Silvia L. Larrieu, Director DATE: 04/24/96

Signature required from Registered Agent accepting appointment in this capacity

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LARRIEU, SILVIA L.<br>3971 S.W. 8 ST. STE.302<br>MIAMI FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | D<br>LARRIEU, SILVIA L.<br>2121 Ponce De Leon Blvd., Ste 505<br>Coral Gables, FL 33134 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Silvia L. Larrieu, Director 04/24/96 (305)442-9715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)