FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 FEB 27 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J84602** **(8)**

1. Corporation Name
COMPUTREND INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
1401 N.W. 78 AVENUE SUITE 300 MIAMI FL 33126	1401 N.W. 78 AVENUE SUITE 300 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/27/1987**
3a. Date of Last Report: **03/14/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2840059** ☐ 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

JACKOWSKI, MICHAEL W.
1401 N.W. 78 AVE., STE 300
MIAMI FL 33126

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	RICOTTI, RICARDO A.	1 2 NAME	
STREET ADDRESS	1401 NW 78 AVE, STE 300	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	
TITLE	SD	2 1 TITLE	☐ Change ☐ Addition
NAME	JACKOWSKI, MICHAEL W.	2 2 NAME	
STREET ADDRESS	1401 NW 78 AVE, STE 300	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	PALOSCKY, GRACIANO A.	3 2 NAME	
STREET ADDRESS	PAEZ 2836, BUENOS AIRES	3 3 STREET ADDRESS	
CITY-ST-ZIP	1406 ARGENTINA	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	GORI, JOSE PEDRO	4 2 NAME	
STREET ADDRESS	DOMINGO F. SARMIENTO	4 3 STREET ADDRESS	
CITY-ST-ZIP	ARGENTINA	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	MIR, JORGE EDGARDO	5 2 NAME	
STREET ADDRESS	CAJARAVILLA 4246	5 3 STREET ADDRESS	
CITY-ST-ZIP	ARGENTINA	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 added on an attachment with an address.

SIGNATURE: Ricardo A. Ricotti 02-2/95 (305)591-8916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0123111 CP