| 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.)                                                                                                                                                                   |                                                                                                                      |                                                    |                                                                    |                                  |                            |                                                    |                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------|----------------------------------|----------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CORP                                                                                                                                                                                                                                                                                                                                     | ROFIT<br>PORATION<br>AL REPORT                                                                                       | a com                                              | FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State   |                                  |                            |                                                    |                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                          | 996                                                                                                                  | §/<br>·                                            | DIVISION OF CORPORATIONS                                           |                                  |                            |                                                    |                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| DOCUM<br>1. Corporation I                                                                                                                                                                                                                                                                                                                |                                                                                                                      | 2                                                  | (2)                                                                |                                  |                            |                                                    |                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| COMPUT                                                                                                                                                                                                                                                                                                                                   | ier aided logistics en                                                                                               | GINEERIN                                           | IG, INC.                                                           |                                  |                            |                                                    |                                                                                                                                 | I LIMI II IM AIA                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Principal Place                                                                                                                                                                                                                                                                                                                          | of Business                                                                                                          | Mailing Address                                    |                                                                    |                                  |                            |                                                    | - I IOSII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 2020 W MCNAE<br>SUITE 125                                                                                                                                                                                                                                                                                                                |                                                                                                                      | 2020 W. MCNAB ROAD<br>SUITE 125                    |                                                                    |                                  |                            |                                                    |                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| ft. Lauderdai<br>US                                                                                                                                                                                                                                                                                                                      | LE FL 33309                                                                                                          | FT LAUDERDALE FL 33309<br>US                       |                                                                    |                                  |                            | .,                                                 | Date Incorporated or Qual-fied     12/11/1989                                                                                   |                                                | of Last Report<br>)/1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 2. Principal Pla                                                                                                                                                                                                                                                                                                                         | ce of Business                                                                                                       | 2a. Mai:<br>26                                     | ing Address                                                        |                                  |                            |                                                    | 4. FEI Number<br>65-0159214                                                                                                     |                                                | Applied For Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Suite, Apt #                                                                                                                                                                                                                                                                                                                             | , etc.                                                                                                               | Suit                                               | e, Apt. #. etc                                                     |                                  |                            |                                                    | 5. Certificate of Status Desired                                                                                                |                                                | \$8.75 Additional<br>Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| City & State                                                                                                                                                                                                                                                                                                                             |                                                                                                                      | Crty                                               | & State                                                            | ,                                |                            |                                                    | Election Campaign Financing     Trust Fund Contribution                                                                         |                                                | \$5.00 May Be<br>Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Z(p)                                                                                                                                                                                                                                                                                                                                     | 25 29 30                                                                                                             |                                                    |                                                                    | Cou<br><b>30</b>                 | intry                      |                                                    | 8. This corporation has liability for intangible tax under s. 199.032.  Florida Statutes Yes No.                                |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| KAD                                                                                                                                                                                                                                                                                                                                      | 9. Name and Address of Curren<br>OOR, HARISH K.                                                                      | t Registered                                       | Agent                                                              |                                  | 81                         | Name                                               | 10. Name and Address of New Re-                                                                                                 | gistered Ag                                    | ent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 202                                                                                                                                                                                                                                                                                                                                      | WEST MCNAB ROAD                                                                                                      |                                                    |                                                                    |                                  |                            | Street Address (P.O. Box Number is Not Acceptable) |                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                          | re 125<br>Lauderdale FL 33309                                                                                        |                                                    | 83                                                                 |                                  |                            |                                                    |                                                                                                                                 |                                                | 85 Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 11. Pursuant to the provisions of Squipons 607.0502 and 607.1508. Florida Statutes, the above named of office or registered agent, or both, in the State of Florida Such change was authorized by the corpor of the state of Florida Such change was authorized by the corpor of the state of Florida Such page 1.505. Florida Statutes. |                                                                                                                      |                                                    |                                                                    |                                  |                            | City                                               | oration submits this statement for the pa                                                                                       | FLI                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| office or re<br>agent I an                                                                                                                                                                                                                                                                                                               | g stered agent, or both, in the State<br>n familiar with, and a pept the obliga                                      | of Florida Su<br>Hinns of, Sec                     | ich change was au<br>tion 607 0505, Flor                           | uthorized<br>rida Stati          | t by thutes.               | ne corporati                                       | on's board of directors. Thereby accept                                                                                         | the appoint                                    | ment as registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                          | Signature, type disc prieted reason of respected age<br>OF FICERS AN                                                 |                                                    |                                                                    | Bogistiva<br>13.                 | -1 Agent                   | t septialise respir                                | ADDITIONS/CHANGES TO OFFIC                                                                                                      | DATE<br>DERS AND D                             | IRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                    | PD                                                                                                                   |                                                    |                                                                    | 11TI                             |                            |                                                    | Change Add-tik                                                                                                                  |                                                | Change Addition 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| NAME<br>STREET ADORESS                                                                                                                                                                                                                                                                                                                   | KAPOOR, HARISH K.<br>2020 WEST MCNAB ROAD                                                                            |                                                    |                                                                    | 1.3 STREET ADDRESS               |                            |                                                    |                                                                                                                                 |                                                | PRECTORS IN 12 96 Charge Addition Charge Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| CITY - ST - ZIP<br>TITLE                                                                                                                                                                                                                                                                                                                 | FT. LAUDERDALE FL D DELETE                                                                                           |                                                    | 211                                                                | 1 4 CiTY - ST - ZIP<br>2 1 TiTLE |                            | AN WATER                                           |                                                                                                                                 | Change Addition O                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| NAME<br>STREET ADDRESS                                                                                                                                                                                                                                                                                                                   | KAPOOR, PAWAN<br>2020 WEST MCNAB ROAD                                                                                |                                                    | 2.2 NAME<br>2.3 STREET ADDRESS                                     |                                  | ADDRESS                    |                                                    |                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| CITY-ST-ZIP<br>TITLE                                                                                                                                                                                                                                                                                                                     | PT. LAUDERDALE FL DEGETE                                                                                             |                                                    | 2 4 CITY - ST - ZIP<br>3 1 TITLE                                   |                                  | T · ZiP                    |                                                    | L                                                                                                                               | Change Addition                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| NAME<br>STREET ADDRESS                                                                                                                                                                                                                                                                                                                   | KAPOOR, SEEMA C.<br>2020 W MCNAB ROAD                                                                                |                                                    |                                                                    |                                  | IAME<br>STREFT A           | ADDRESS                                            |                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| CITY - ST - ZIF<br>TITLE                                                                                                                                                                                                                                                                                                                 | FT. LAUDERDALE FL                                                                                                    |                                                    | DELETE                                                             | 34 4                             | CITY-SI                    | 1 - 7(P                                            |                                                                                                                                 |                                                | Change Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| NAME<br>STREET ADDRESS                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                    |                                                                    |                                  | NAMS<br>STREET A           | AODRESS                                            |                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                        |                                                                                                                      |                                                    | DELETE                                                             |                                  | DHY-ST                     | 1                                                  |                                                                                                                                 |                                                | Change Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      |                                                    |                                                                    | 521                              | NAME                       | ADODECC                                            |                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                                                    | Del ete                                                            | 540                              | CHY-S!                     | ADDRESS<br>1-7:P                                   |                                                                                                                                 | - ··                                           | Change Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| TITLE<br>NAME                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                                                    | DELETE                                                             |                                  | TITLE<br>NAME              |                                                    |                                                                                                                                 | _                                              | ] Simily: [] Monto i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| STREET ADDRESS<br>CITY+ST+ZIP                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                                                    |                                                                    | 6.4                              | CITY - SI                  | ADDRESS<br>1 - Zip                                 |                                                                                                                                 |                                                | Transition of the state of the |  |
| 14, i do hereb                                                                                                                                                                                                                                                                                                                           | by certify that the information supplied that the information indicated or dies oath, that I am an officer or direct | ed with this file<br>this annual<br>tor of the cor | ing is voluntarily fu<br>report or suppleme<br>poration or the rec | rnished<br>ental anr<br>eiver or | and c<br>nual re<br>truste | loes not que<br>aport is true<br>e empower         | alify for the exemption stated in Section<br>and accurate and that my signature shi<br>ed to execute this report as required by | 1 19 07(3)(k)<br>all have the s<br>Chapter 617 | , Florida Statutes, I<br>same legal effect as if<br>', Florida Statutes, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| •                                                                                                                                                                                                                                                                                                                                        | 1                                                                                                                    | if changed,<br>ما د نہ                             | or on an attachmen                                                 | nt with a                        | n add                      | ress                                               | 7/30/ 96 1as                                                                                                                    | su) 9                                          | 69-9002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR THAT IS IN LAND OFFI                                                                                                                                                                                                                                       |                                                                                                                      |                                                    |                                                                    |                                  |                            |                                                    |                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |