FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M47568** **(4)**

1. Corporation Name
COMPUTER PRODUCTS UNLIMITED, INC.

Principal Place of Business	Mailing Address
4350 WEST SUNRISE BLVD. SUITE 121 PLANTATION FL 33313	4350 WEST SUNRISE BLVD. SUITE 121 PLANTATION FL 33313

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0050481 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3260 N.W. 23RD. AVENUE	26
Suite, Apt. #, etc. 22 800-E	Suite, Apt. #, etc. 27
City & State 23 POMPANO BEACH, FL.	City & State 28
Zip 24 33069 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

ADAN, RAUL
4350 WEST SUNRISE BLVD.
SUITE 121
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3260 N.W. 23RD. AVENUE SUITE 800-E
83
84 City POMPANO BEACH. FL 85 Zip Code 33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ADAN, RAUL	1.2 NAME	
STREET ADDRESS	10031 NW 58 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33076	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	ADAN, MERCEDES	2.2 NAME	
STREET ADDRESS	10031 NW 58 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33076	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres. APR 25 1995 (305) 975-0777
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0232206 CP