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 APR 25 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M90999 (7)

1. Corporation Name
COMPUTECH TRADERS OF AMERICA, INC.

Principal Place of Business	Mailing Address
15511 A.W. 144 COURT MIAMI FL 33177	15511 A.W. 144 COURT MIAMI FL 33177

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1988
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business
21 10240 SW 56 ST
Suite, Apt. #, etc.
22 SUITE 115
City & State
23 MIAMI FL
Zip
24 33165
County
25 DADE

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0062891 ☐ 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

7. This corporation files jointly for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RIOS, ALICIA
15511 S.W.144 COURT
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ALCALA-ARRIETA, FERNANDO	1.2 NAME		
STREET ADDRESS	15511 S.W. 144 CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ALVARADO-TABORDA,ROBERTO	2.2 NAME		
STREET ADDRESS	15511 S.W. 144 CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	V. President	☒ Change ☐ Addition
NAME	ALVARADO-TABORDA, NEYLA	3.2 NAME	ALCALA-ARRIETA, MARCEL	
STREET ADDRESS	15511 S.W. 144 CT	3.3 STREET ADDRESS	15611 SW 144 CT	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ALCALA-ARRIETA, MARLY	4.2 NAME		
STREET ADDRESS	15511 S.W. 144 CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ALVARADO-TABORDA NAZLY	5.2 NAME		
STREET ADDRESS	15511 S.W. 144 CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	RIOS, ALICIA	6.2 NAME		
STREET ADDRESS	15511 S.W. 144 CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

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

SIGNATURE: Alicia E Rios 2/9/95 (305) 598-5354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0207960 CP