

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Mentzer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

'95 MAR -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17105

(8)

1. Corporation Name

MERISEL LATIN AMERICA, INC.

Principal Place of Business

2010 N.W. 84TH AVENUE
MIAMI FL 33122
US

Mailing Address

200 CONTINENTAL BLVD.
EL SEGUNDO CA 90245
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/08/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0017613

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. 199.033,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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:

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent (Required when registered))

DATE

12. OFFICERS AND DIRECTORS

NAME

ADDRESS

CITY, ST, ZIP

NAME

ADDRESS

CITY, ST, ZIP

NAME

ADDRESS

CITY, ST, ZIP

NAME

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CITY, ST, ZIP

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CITY, ST, ZIP

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ADDRESS

CITY, ST, ZIP

NAME

ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

V/T

Timothy N. Jenson

200 Continental Blvd.

El Segundo, CA 90245

S

Issac Menasce

2010 N.W. 84th Ave.

Miami, FL 33324

14. I 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)(b), 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 on the signature block of this filing. I am a resident of the State of Florida and I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or some other filing with an address.

SIGNATURE:

(Signature of Timothy N. Jenson)

Timothy N. Jenson

2/22/95

(310) 615-3080