FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P92000010337 (3)

1. Corporation Name

COMPULINK INTERNATIONAL, INC.

Principal Place of Business
1810 NE 144TH ST
NORTH MIAMI FL 33181

Mailing Address
1810 NE 144TH ST
NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 04/04/1995
4. FEI Number: 65-0374103 — 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
21 16666 NE 19th Avenue
Suite, Apt. #, etc.
22 100
City & State
23 North Miami Beach, FLA.
Zip 24 33162 Country 25 Dade

2a. Mailing Address
26 16666 NE 19th Avenue
Suite, Apt. #, etc.
27 100
City & State
28 North Miami Beach, FLA.
Zip 29 33162 Country 30 DADE

9. **Name and Address of Current Registered Agent**

STEIN, SLAV
1810 NE 144TH ST
N MIAMI FL 33181

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	XX DELETE
NAME	STEIN, SLAV	
STREET ADDRESS	1810 NE 144TH ST	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	P	☐ DELETE
NAME	TIMOSHIN, MIKHAIL	
STREET ADDRESS	1810 NE 144TH ST.	
CITY-ST-ZIP	N MIAMI FL	
TITLE	V	XX DELETE
NAME	DOROFEYEV, VIKTOR	
STREET ADDRESS	1810 NE 144TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET 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		

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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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 — Date

305-940-6609 — Daytime Phone #