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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 22 1997 8:00am

1-13-97 305-633-3++4

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300000951 (2)

COMPSERVE BOOKKEEPING, INC.

3250 N.W. NORTH RIVER DRIVE 3250 N.W. NORTH RIVER DRIVE MIAMI FL 33142-6320 MIAMI FL 33142 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1992 02/20/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0393205 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country Zip Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BÍ Name THOMPSON, RAYMOND J 3250 N.W. NORTH RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33142** 83 84 City 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, typed or profed name of registered agent and total applicable (NOTE: Registered Agent signature required when reinstating) (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE THOMPSON, RAYMOND J NAME 1.2 NAME 3250 N.W. NORTH RIVER DRIVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33142** CITY-ST-7IF 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE 2.2 NAME NAMÈ STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-76 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CHTY-ST-ZIP DELETE 6.1 TITLE Change Addition HUE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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