

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

CORPORATION ANNUAL REPORT 1995



FLOIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P93000055827 (8)
1. Corporation Name
COMPUTER EXPRESS DTK CORP.

Principal Place of Business: **11681 49TH ST N SUITE 6 CLEARWATER FL 34622**
Mailing Address: **11681 49TH ST N SUITE 6 CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: **08/09/1993**
3a. Date of Last Report: **12/19/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-3199402**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 may be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.012 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ASSANTE, DESIREE
11681 49TH STREET, NORTH
CLEARWATER FL 34622**

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 Current Registered Agent) _____ (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE: PO	NAME: ASSANTE, DESIREE	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 11681 49TH STREET NORTH #6	CITY, ST, ZIP: CLEARWATER FL 34622	12 NAME:	
		13 STREET ADDRESS:	
		14 CITY, ST, ZIP:	
TITLE:		21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		22 NAME:	
STREET ADDRESS:		23 STREET ADDRESS:	
CITY, ST, ZIP:		24 CITY, ST, ZIP:	
TITLE:		31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY, ST, ZIP:		34 CITY, ST, ZIP:	
TITLE:		41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY, ST, ZIP:		44 CITY, ST, ZIP:	
TITLE:		51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY, ST, ZIP:		54 CITY, ST, ZIP:	
TITLE:		61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY, ST, ZIP:		64 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(9)(A), 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. 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 affidavit.

SIGNATURE: _____ (Signature of Officer/Director)
5/31/95 813-572-5288
Date: _____ Telephone: _____

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FLORIDA DEPARTMENT OF STATE
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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000055915 (1)

PROMEX (USA), INC.

Principal Office Address
1507 S UNIVERSITY DR
STE C
PLANTATION FL 33324
US

Mailing Address
1507 S UNIVERSITY DR
STE C
PLANTATION FL 33324
US

DO NOT WRITE IN THIS SPACE

2. Principal Office Address	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Type, Apt. #, etc.	26. State, Apt. #, etc.	08/10/1993	04/29/1994
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. City & State	65-0432353	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under § 119.032, Florida Statutes	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
LEWIS, EUGENE 7770 W OAKLAND PARK BLVD STE 470 SUNRISE FL 33351		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83. City		
		84. City	FL	85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABARA-DASSUM, LESLIE R.	2. NAME	
STREET ADDRESS	869 NW 80 TERR	3. STREET ADDRESS	
CITY & STATE	PLANTATION FL	4. CITY & STATE	
TITLE	S	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMNARIO, ENRIQUE	6. NAME	
STREET ADDRESS	4480 NW 8TH ST	7. STREET ADDRESS	
CITY & STATE	COCONUT CREEK FL	8. CITY & STATE	
TITLE	VP	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAUD, ROBERT	10. NAME	
STREET ADDRESS	1200 SW 56 ST	11. STREET ADDRESS	
CITY & STATE	MIAMI FL	12. CITY & STATE	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(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 under oath. That I am an officer or director of the corporation or the executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wanda K. King* President. 5/22/95 (202) 472-0017

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1995



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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000056010 (0)

1. Corporation Name:
NATIONWIDE MEDICAL HOSPITALITY SERVICES, INC.

Principal Place of Business: **110 MANGO TREE DRIVE EDgewater FL 32141**
Mailing Address: **110 MANGO TREE DRIVE EDgewater FL 32141**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **06/10/1993**
3a. Date of Last Report: **07/21/1994**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 City, State, Zip, County
24 City, State, Zip, County

4. FET Number: **59-3194649**
Applied For: 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**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**JOHNSON, RONALD N
326 S. GRANDVIEW AVENUE
DAYTONA BEACH FL 32118**

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 607.0504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE: **DP**
2. NAME: **MUNDELL, GEORGE**
3. STREET ADDRESS: **3150 WOODLAND DRIVE**
4. CITY, ST, ZIP: **EDGEWATER FL 32132**

5. TITLE: **D**
6. NAME: **CHRISTIANNA MUNDUE**
7. STREET ADDRESS: **3150 WOODLAWN DR**
8. CITY, ST, ZIP: **EDGEWATER FL**

9. TITLE:
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP:

13. TITLE:
14. NAME:
15. STREET ADDRESS:
16. CITY, ST, ZIP:

17. TITLE:
18. NAME:
19. STREET ADDRESS:
20. CITY, ST, ZIP:

21. TITLE:
22. NAME:
23. STREET ADDRESS:
24. CITY, ST, ZIP:

25. TITLE:
26. NAME:
27. STREET ADDRESS:
28. CITY, ST, ZIP:

29. TITLE:
30. NAME:
31. STREET ADDRESS:
32. CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. CHANGE ADDITION

2. CHANGE ADDITION

3. CHANGE ADDITION

4. CHANGE ADDITION

5. CHANGE ADDITION

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29. CHANGE ADDITION

30. CHANGE ADDITION

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)(b), Florida Statutes. I further certify that the information indicated on this renewal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a 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: *George H. Mundell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 964-427-6482