

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90021 041 ***158.75

DOCUMENT # P93000068261

1. Corporation Name
COMPUSOURCE TECHNOLOGIES, INC.

Principal Place of Business
**5201 BLUE LAGOON DRIVE
STE 700
MIAMI FL 33126
US**

Mailing Address
**5201 BLUE LAGOON DRIVE
STE 700
MIAMI FL 33126
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1993

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-3220657

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 owes the current year
Intangible Personal Property.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

**HERRERA, W A
5201 BLUE LAGOON DRIVE
SUITE #700
MIAMI FL 33126**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE
NAME **GONZALEZ, HUMBERTO J**
STREET ADDRESS **520 BLUE LAGOON DR, STE 700**
CITY-ST-ZIP **MIAMI FL**

TITLE **VST** ☐ DELETE
NAME **HERRERA, WILLIAM A**
STREET ADDRESS **5201 BLUE LAGOON DR, STE 700**
CITY-ST-ZIP **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

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

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

SIGNATURE: **SIGNATURE REQUIRED A. HERRERA**

7/13/99

305 265-4939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



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July 13, 1999

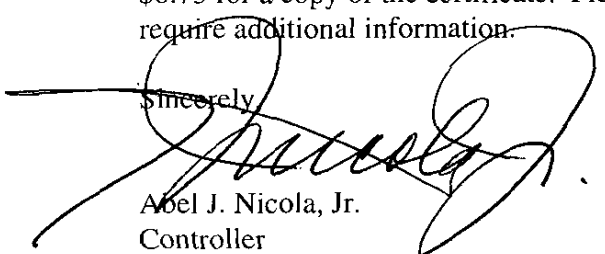
Division of Corporations
Annual Reports Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Per the instructions given to me by Mr. Andy Dunlap of your office, I am informing you that we did not receive the Annual Reports that you mailed in January, and had to make numerous calls to obtain copies. Mr. Dunlap told me that I would be receiving the "SECOND NOTICE" forms and that I should use them instead of the copies.

As a result, we are sending you the forms with the normal \$150 fee per corporation, plus \$8.75 for a copy of the certificate. Please feel free to call me if you have any questions or require additional information.

Sincerely,



Abel J. Nicola, Jr.
Controller