FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/27/95--01075--007
****200.00 ****200.00

DOCUMENT # P94000016587 (5)

1. Corporate Name
COMPU EQUIPMENT CORP.

Principal Place of Business
7000 NW 186 ST #520
MIAMI LAKES FL 33015

Mailing Address
7000 NW 186 ST #520
MIAMI LAKES FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0474214 — 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

9. Name and Address of Current Registered Agent
CHACON, WALTER
7000 NW 186 ST #520
MIAMI LAKES FL 33015

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 607.0505 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 I agree to comply with the provisions of Sections 607.0505 and 607.1508, Florida Statutes.

SIGNATURE: Mario Chacon 5/18/95

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
President	Walter Chacon	7000 NW 186 ST # 520	Miami Lakes FL 33015
Vicepresident	Eric Keller	7000 NW 186 ST # 520	Miami Lakes FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (☐ Change ☐ Addition)

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicates on the 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 the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached sheet with all names and addresses.

SIGNATURE: Walter Chacon 4/24/95 (305) 573-9151
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0085970 CP