

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Minkem  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

51 APR 29 PM 2:02

DOCUMENT # **P94000016627 (9)**

1. Corporation Name

**ACCOUNTING SYSTEMS DESIGNERS, INC.**

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

99 NORTHWEST 183 STREET  
SUITE 138  
MIAMI FL

Mailing Address

P.O. BOX 681848  
MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/02/1994**

3a. Date of Last Report

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number

**65-0471812**

Applied For  
Not Applicable

Suite, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

6. This corporation has liability for intangible tax under Fla. Stat. Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
MIAMI FL 33134

10. Name and Address of New Registered Agent

B1

Name **DANNIE L. RIVERS**

B2

Street Address (P.O. Box Number is Not Acceptable)  
**545 N.E. 143 ST**

B3

B4

City **N. Miami**

FL

B5

Zip Code  
**33161**

11. Pursuant to the provisions of Sections 607.0567 and 607.1538, 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 607.0567, Florida Statutes.

SIGNATURE

*[Signature]*

**DANNIE L. RIVERS President**

**4/25/95**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	<b>P RIVERS, DANNIE L</b>	<b>99 NORTHWEST 183 STREET, SUITE 138</b>	<b>MIAMI FL</b>
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that I am an officer or director of the corporation or the registered agent of the corporation, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an addressee.

SIGNATURE:

*[Signature]*

**DANNIE L. RIVERS Pres 4/25/95 (313)652-6464**

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Dorinda B. Marston  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03/07/95 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017701 (1)**

COMPUCORD IMPORT & EXPORT INC.

Principal Office Address: 19018 N.W. 77TH PL. MIAMI FL 33015  
Mailing Address: 19018 N.W. 77TH PL. MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **03/07/1994**  
3a. Date of Last Report:  
4. FEI Number: **65-0473796**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.031, Florida Statutes:  Yes  No

2. Principal Office of Business: 21 State App # and City & State: 22  
2a. Mailing Address: 26 State App # and City & State: 27  
23 City & State: 28  
24 City: 25 County: 29 State: 30 Country:

9. Name and Address of Current Registered Agent  
**ARAB, SERGIO G**  
19018 N.W. 77TH PL.  
MIAMI FL 33015

10. Name and Address of New Registered Agent  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 City & State:  
84 City: 85 State: 86 Zip Code:

11. Pursuant to the provisions of Sections 607.2601 and 607.2608, 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, thereby, effecting the appointment of registered agent, in accordance with and subject to the obligations of Sections 607.2601 and 607.2608, Florida Statutes.

SIGNATURE: *Sergio Arab*

12. OFFICERS AND DIRECTORS:  
1. TITLE: **PRESIDENT**  
2. NAME: **SERGIO G. ARAB**  
3. STREET ADDRESS: **19018 N.W. 77 PLACE**  
4. CITY, ST. & ZIP: **MIAMI FL. 33015**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1:  
1. TITLE:  Change  Addition  
2. NAME:  Change  Addition  
3. STREET ADDRESS:  Change  Addition  
4. CITY, ST. & ZIP:  Change  Addition  
5. TITLE:  Change  Addition  
6. NAME:  Change  Addition  
7. STREET ADDRESS:  Change  Addition  
8. CITY, ST. & ZIP:  Change  Addition  
9. TITLE:  Change  Addition  
10. NAME:  Change  Addition  
11. STREET ADDRESS:  Change  Addition  
12. CITY, ST. & ZIP:  Change  Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 199.031(4)(b), Florida Statutes. Further, I certify that the information included 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 this corporation or the officer 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 of changed or on an attachment with an address.

SIGNATURE: *Sergio Arab* **SERGIO G. ARAB/PRESIDENT 03/30/95 (305)829-0343**