FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000017701 (1)

COMPUCORD IMPORT & EXPORT INC.

FILED Feb 12 1998 8:00am Secretary of State

Principal Plac 19018 N.W. 7 MIAMI FL 33	77TH PL.	Mailing Address 19018 N.W. 77TH PL. MIAMI FL 33015		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 03/07/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant	# Ala	Suite, Apt. #, etc.		65-0473796	Not Applicable
Suite, Apt. #, etc. 22 City & State 23		27 City 8 State		6. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp 24	Country 25	Zφ 29	Country 30	8. This corporation owes or has paid to	he current year Intangible
29]	9. Name and Address of Curre		130	Personal Property Tax due June 30. 10. Name and Address of New Regis	
194	VAB, SERGIO G 018 N.W. 77TH PL. AMI FL 33015		81 Name 82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
SIGNATURE	Signatury typed exprinted name of registered as	ERGIO G. ARAB		ation's board of directors. I hereby accept the object of	98
TITLE	PRES	DELETE	1.1 TITLE	110011011011011011011011	Change Addition
NAME	SERGIO, ARAB G		1.2 NAME		_ · -
STREET ADDRESS	19018 NW 77TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TIFLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	··· · · · · · · · · · · · · · · · · ·	3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME			5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS					
City-St-ZIP			5.3 STREET ADDRESS 5.4 City-St-Zip		
TITLE		DELETE	61 TITLE		Change Addition
NAME		base	6.2 NAME		——————————————————————————————————————
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		

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 or an attachment with an address.