FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

APPROVED AND FILED
95 APR 23 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049961 (3)

1. Corporate Name

COMPUGRAPH OF MIAMI, INC.

Principal Place of Business	Mailing Address
8357 W. FLAGLER STREET SUITE 310 MIAMI FL 36314-4	8357 W. FLAGLER STREET SUITE 310 MIAMI FL 36314-4

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report:

4. FEI Number: 65-0502867 ☐ 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

	2. Principal Place of Business		2a. Mailing Address
21		26	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip 33184	29	Zip 33184
25	Country	30	Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: LIDIA S MCCOY
82 Street Address (P.O. Box Number is Not Acceptable): 135 SW 136 AVE
83
84 City: MIAMI FL 85 Zip Code: 33184

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: Lidia S. McCoy (President) 4-18-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	TITLE	P ☒ Change ☐ Addition
NAME	MCCOY, LIDIA S	NAME	LIDIA S MCCOY
STREET ADDRESS	8357 W. FLAGLER STREET, SUITE 310	STREET ADDRESS	135 SW 136 AVE
CITY-ST-ZIP	MIAMI FL 36314-4	CITY-ST-ZIP	MIAMI FL 33184
TITLE		TITLE	T ☐ Change ☒ Addition
NAME		NAME	DAVE MCCOY
STREET ADDRESS		STREET ADDRESS	135 SW 136 AVE
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33184
TITLE		TITLE	S ☐ Change ☒ Addition
NAME		NAME	[illegible]
STREET ADDRESS		STREET ADDRESS	[illegible]
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33184
TITLE		TITLE	V ☐ Change ☒ Addition
NAME		NAME	MARTA PENA
STREET ADDRESS		STREET ADDRESS	[illegible]
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33187
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 119.07(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: Lidia S. McCoy — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/18/95 — Date — 305 552-8816 — Daytime Phone

0157020 CP