

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050605 (2)

1. Corporation Name

COMPUTER POWER INTERNATIONAL, INC.

Principal Place of Business
**1100 NORTH 40TH AVENUE
HOLLYWOOD FL 33021**

Mailing Address
**1100 NORTH 40TH AVENUE
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report

2. Principal Place of Business

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Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

2b. Mailing Address

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Suite, Apt. #, etc.

City & State

Zip

Country

4. FBI Number

47

Suite, Apt. #, etc.

City & State

Zip

Country

5. Certificate of Status Desired

58

Suite, Apt. #, etc.

City & State

Zip

Country

6. Election Campaign Financing

59

Suite, Apt. #, etc.

City & State

Zip

Country

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

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Suite, Apt. #, etc.

City & State

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

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Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

62

Suite, Apt. #, etc.

City & State

Zip

Country

10. Name and Address of New Registered Agent

63

Suite, Apt. #, etc.

City & State

Zip

Country

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

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

secy - Treas.

(NOTE: Registered Agent's signature required when reinstating)

3/12/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P
YACURA, THOMAS N
1100 NORTH 40TH AVENUE
HOLLYWOOD FL 33021**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P/D

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5/T/D

ANDREW C. PALEIAS

3901 S. OCEAN DR. - #7L

HOLLYWOOD, FL. 33019

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] **ANDREW C. PALEIAS**

3/12/95

305-987-9608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #