

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000055233 (8)**

1. Corporation Name

COMP-U-NET INTERNATIONAL, INC.



Principal Place of Business 6955 HANGING MOSS ROAD SUITE 101 ORLANDO FL 32807	Mailing Address 6955 HANGING MOSS ROAD SUITE 101 ORLANDO FL 32807-5361
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2. Principal Place of Business 21 Suite, Apt. #, etc. SUITE 114 22 City & State ORLANDO FL 23 Zip 32807 24 Country USA	2a. Mailing Address 25 Suite, Apt. #, etc. SUITE 114 26 City & State ORLANDO FL 27 Zip 32807 28 Country USA
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3. Date Incorporated or Qualified 07/25/1994	3a. Date of Last Report 03/21/1996
4. FEI Number 59-3254760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NIEVES, ENRIQUE
303 BALFOUR DRIVE
SUITE 417
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent 81 Name ENRIQUE NIEVES 82 Street Address (P.O. Box Number is Not Acceptable) 1500 BEVILLE ROAD 83 SUITE 606-145 84 City DAYTONA BEACH FL 85 Zip Code 32114

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 **ENRIQUE NIEVES**

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

NOTE: Registered Agent signature required when reinstating.

DATE

4/28/97

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD NIEVES, ENRIQUE
STREET ADDRESS	303 BALFOUR DRIVE, SUITE 417
CITY - ST - ZIP	WINTER PARK FL 32792
TITLE	<input type="checkbox"/> DELETE
NAME	VD TALAVERA, RAFAEL
STREET ADDRESS	170 W. FAIRBANKS AVE, SUITE 102
CITY - ST - ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	STD ALEQUIN, FREDDY
STREET ADDRESS	6955 HANGINGMOSS ROAD, SUITE 101
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1500 BEVILLE RD STE 606-145
1.4 CITY - ST - ZIP	DAYTONA BEACH FL 32114
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6955 HANGING MOSS RD STE. 114
2.4 CITY - ST - ZIP	ORLANDO FL 32708
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6955 HANGING MOSS RD STE 114
3.4 CITY - ST - ZIP	ORLANDO FL 32708
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(904) 226-6193