

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000055928 (3)

1. Corporation Name

COMPUCARD INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

6501 NW 36 STREET
190
MIAMI FL 33166
US

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190
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1994

4. FEI Number

65-0510202

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 7800 ST. ANDREWS

26 7800 ST. ANDREWS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CIRCLE

27 CIRCLE

City & State

City & State

23 ORLANDO FLORIDA

28 ORLANDO FLORIDA

Zip

Country

Zip

Country

24 32836

25

29 32835

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LI, PATRICK P W
6501 NW 36TH ST SUITE 109
MIAMI FL 33166

81 Name

LI, PATRICK

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

7800 ST. ANDREWS CIRCLE

83

84 City

ORLANDO

FL

85 Zip Code

32835

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D
LI, PATRICK P W
STREET ADDRESS
444 NW 97TH PL
CITY-ST-ZIP
MIAMI FL 33172

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
LI, LILY
STREET ADDRESS
444 NW 97TH PL
CITY-ST-ZIP
MIAMI FL 33172

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. 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 on an attachment with an address.

SIGNATURE

Patrick Li PATRICK LI APRIL 27/98 407523-0228