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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

<u>1999</u>

DOCUMENT # **P94000063196**1. Corporation Name

COMPUPRESS INFORMATICA CORP.

Principal Place of Business 8075 S.W. 107TH AVENUE STE. 111 Mailing Address

8075 S.W. 107TH AVENUE

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90052 034 ***150.00



STE. 111 MIAMI FL 33173	STE. 111 Miami Fl 33173	DO NOT WRITE IN THIS SPACE
	An III 12 55 75	3. Date Incorporated or Qualifed
		08/26/1994
一 つみん	ace of Business 2a. Mailing Address 26 7925 NW 18	Applied For
21 1923		### 65-0514400 Not Applicable \$8.75 Additional
Suite, Apt. 3		5. Certificate of Status Desired Fee Required
City & State City & State		6. Election Campaign Financing \$5,00 May Be
	AMI, tr. 28 MIAMI, I	. Trust Fund Contribution Added to Fees
Zip Country 24 33126 25 USA 29 33126 30 USA 8. This corporation owes the current year Intangible Personal Property Tax. Yes Who		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name		
FLOS	SI, JOSE R	or Name
8075 S.W. 107TH AVENUE		82 Street Address (P.O. Box Number is Not Acceptable) 4 318
		83 1925 NW 1081, PT 318
MIAN	II FL 33173	
	·	84 City MIAMI FL 85 Zip Code 33/26
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 oblighting of Section 607.0505, Florida Statutes.		
SIGNATURE (NOTE: Recistered Aced signature required when reinstating) DATE		
	Signature, spead or printed name of redistered again and tills if applicable. (NOTE: Registers OFFICERS AND DIRECTORS 13	or ignition to the control of the co
12.		TITLE Addition
NAME		NAME 7 219
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	NAME STREET ADDRESS 7925 NW 12 Street Sti 318 NIAMI, FORING 38126
CITY-ST-ZIP		CITY-ST-ZIP MIAMI, FLORIDA 33126
TITLE	☐ DELETE 2.11	TITLE Change Addition
NAME	221	NAME
STREET ADDRESS	235	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		
NAME		NAME
STREET ADDRESS		STREET ADDRESS
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NAME	 :	NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE Change Addition
NAME	5.23	NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE Change Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP	. 6.40	CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)