

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000032414 (1)**

1. Corporation Name  
**MEGACOMP INTERNATIONAL INC.**



Principal Place of Business: **POST OFFICE BOX 110440 MIAMI FL 33111**  
Mailing Address: **POST OFFICE BOX 110440 MIAMI FL 33111**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>261 N.E. 1ST STREET</b>	26		<b>04/21/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	<b>SUITE 200</b>	27		<b>65-0580134</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23	<b>MIAMI FL.</b>	28		<input type="checkbox"/>	
24	Zip <b>33132</b>	29	Country <b>USA.</b>	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
		30		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GULABRAI, SUNIL 281 NORTH EAST 1ST STREET 2ND FLOOR MIAMI FL 33132</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
			<b>FL</b>
		85	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D/S</b>
NAME	<b>GULABRAI, SUNIL</b>	1.2 NAME	
STREET ADDRESS	<b>261 N.E. 1ST STREET, 2ND FLOOR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33132</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>SAWANI, HYDER A</b>	2.2 NAME	
STREET ADDRESS	<b>261 N.E. 1ST STREET, 2ND FLOOR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33132</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<b>P</b>
NAME		3.2 NAME	<b>SHAHBEGUM JAMAL</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>261 N.E., 1ST STREET 2ND FLOOR</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>MIAMI FL. 33132</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: **GULABRAI SUNIL** Date: **5-1-96** (805) 372-0222

CR2E034 (12/95)