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 # **P95000065794 (6)**

1. Corporation Name
COMPUSPORT OF MIAMI, INC.

Principal Place of Business	Mailing Address
C/O 2601 S. BAYSHORE DRIVE. SUITE 600 MIAMI FL 33133	C/O 2601 S. BAYSHORE DRIVE. SUITE 600 MIAMI FL 33133

3. Date Incorporated or Qualified: **08/22/1995**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 801 BRICKELL AVE	26 801 BRICKELL AVE
Suite, Apt. #, etc. 22 SUITE 900	Suite, Apt. #, etc. 27 SUITE 900
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33131 / 25	Zip / Country 29 33131 / 30

4. FEI Number: 65-0606765 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HKE&F REGISTERED AGENT CORP.
C/O 2601 S. BAYSHORE DRIVE, SUITE 600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: Garber & Campbell, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 12000 BISCAYNE BLVD, SUITE 216
83
84 City: MIAMI **FL** 85 Zip Code: 33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Garber & Campbell, P.A. 6-17-96
Signature, typed or printed name of registered agent and title if applicable — Title: Registered Agent (signature required when changing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BLOOM, ROBERT	1.2 NAME	
STREET ADDRESS	20209 WOODCREEK BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHVILLE MI 48167	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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)(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: 6/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)