

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 AUG 26 AM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082730 (9)

1. Corporation Name

COMPUTER MANAGEMENT USA, INC.



Principal Place of Business

Mailing Address

201 E. PINE STREET, SUITE 500
ORLANDO FL 32801

201 E. PINE STREET, SUITE 500
ORLANDO FL 32801

3. Date Incorporated or Qualified

10/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5290 N. Orange Blossom Trail
Suite, Apt. #, etc.

26 5290 N. Orange Blossom Trail
Suite, Apt. #, etc.

22 #107

27 #107

City & State

City & State

23 Orlando, Florida

28 Orlando, Florida

Zip Country

Zip Country

24 32810

25 USA

29 32810

30 USA

4. FEI Number

59-3345401

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

10. Name and Address of New Registered Agent

BOROUGHES, BENNETT, MORLAN & SIMPSON P.A.
201 E. PINE STREET, SUITE 500
ORLANDO FL 32801

81 Name

Luis Pereira

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

5290 N. Orange Blossom Trail

83 #107

84 City

Orlando,

FL

85 Zip Code

32810

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

8/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MEAKIN, ANTHONY
STREET ADDRESS 2 NORTHSHORE OCEAN VIEW
CITY-ST-ZIP 4151 SOUTH AFRICA

TITLE D ☐ DELETE

NAME MEAKIN, LINDA MARION
STREET ADDRESS 2 NORTHSHORE OCEAN VIEW
CITY-ST-ZIP 4151 SOUTH AFRICA

TITLE D ☐ DELETE

NAME DOS REIS PEREIRA, AGOSTINHO LUIS
STREET ADDRESS 3 SUNRISE PLACE PADFIELD PARK
CITY-ST-ZIP PINETOWN SOUTH AFRICA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

100001933001

-08/27/96--01101--026

****225.00 ****225.00

☐ Change ☐ Addition

☒ Change ☐ Addition

5290 N. Orange Blossom Trail, #107
Orlando, Florida 32810

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 617, 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

8/21/96
Date

(407) 522-3729
Daytime Phone #