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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000082730 (9)

1. Corporation Name
COMPUTER MANAGEMENT USA, INC.



Principal Place of Business
5290 N. ORANGE BLOSSOM TRAIL
#107
ORLANDO FL 32810

Mailing Address
5290 N. ORANGE BLOSSOM TRAIL
#107
ORLANDO FL 32810-1061

3. Date Incorporated or Qualified
10/26/1995
3a. Date of Last Report
08/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 3129
Suite, Apt. #, etc.

22 City & State

27 WINTER PARK
City & State

23 Zip

Country

28 FLORIDA
Zip

Country

24

25

29 32790-3129

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREIRA, LUIS
5290 N. ORANGE BLOSSOM TRAIL
#107
ORLANDO FL 32810

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME DOS REIS PEREIRA, AGOSTINHO LUIS
STREET ADDRESS 5290 N. ORANGE BLOSSOM TRAIL, #107
CITY-ST-ZIP ORLANDO FL 32810

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, as an attachment with an address.

SIGNATURE:

Sereca

3 JANUARY 1996

407-5223729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0000370

CR2E034 (9/96)