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Apr 02 1998 8:00am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA 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

P.O. BOX 3129  
WINTER PARK FL 32780-3129  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1995

4. FEI Number

59-3345401

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 9437 BELMONT TERRACE

Suite, Apt. #, etc.

22 City &amp; State

23 OVIEDO FLORIDA

Zip

24 32765

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

PEREIRA, LUIS

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

9437 BELMONT TERRACE

83

84 City

OVIEDO

FL

85 Zip Code

32765

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME MEAKIN, ANTHONY  
STREET ADDRESS 2 NORTHSORE OCEAN VIEW  
CITY-ST-ZIP 4151 SOUTH AFRICATITLE ☐ DELETENAME MEAKIN, LINDA MARION  
STREET ADDRESS 2 NORTHSORE OCEAN VIEW  
CITY-ST-ZIP 4151 SOUTH AFRICATITLE ☐ DELETENAME DOS REIS PEREIRA, AGOSTINHO LUIS  
STREET ADDRESS 5290 N. ORANGE BLOSSOM TRAIL, #107  
CITY-ST-ZIP ORLANDO FL 32810TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: *Agostinho Luis Pereira*

03-27-98 (407) 6737337

CR2E034 (10/97)