

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 # P95000086200 (9)

1. Corporation Name

COMP-U-SOLUTIONS INC.



Principal Place of Business

**1807 NE 27TH ~~STREET~~ Drive
WILTON MANORS FL 33306**

Mailing Address

**1807 NE 27TH ~~STREET~~ Drive
WILTON MANORS FL 33306**

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 1807 NE 27 Drive

Suite, Apt. #, etc.

22
City & State

23
Zip

Country

24

2a. Mailing Address

26 1807 NE 27 Drive

Suite, Apt. #, etc.

27
City & State

28
Zip

Country

29

30

4. FET Number

65-0620757

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

**ALONSO, KIM M
1807 NE 27TH ~~STREET~~ Drive
WILTON MANORS FL 33306**

10. Name and Address of New Registered Agent

81 Name

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

1807 NE 27 Drive

83

84 City

FL

85 Zip Code

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

Signature typed or printed (must be legible)

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE PD
NAME ALONSO, KIM M
STREET ADDRESS 1807 NE 27TH DRIVE
CITY-ST-ZIP WILTON MANORS FL 33306-BNHB**

☐ DELETE

**TITLE VD
NAME ALONSO, FERNANDO M
STREET ADDRESS 1807 NE 27TH DRIVE
CITY-ST-ZIP WILTON MANORS FL 33306-BNHB**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

500001879255
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*****200.00**

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:

Kim M Alonso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

407 995-7000

CS 5/1/96

CR2E034 (12/95)