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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000088158 (7)**

1. Corporation Name
COMPUFIX, INC.

Principal Place of Business	Mailing Address
1700 NE 191ST STREET SUITE 511 NORTH MIAMI FL 33179	1700 NE 191ST STREET SUITE 511 NORTH MIAMI FL 33179-4275

3. Date Incorporated or Qualified: 11/16/1995
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business
21: 3850 WASHINGTON St.
22 Suite, Apt. #, etc.: Apt. 907
23 City & State: Hollywood FL
24 Zip: 33021
25 Country: BROWARD

2a. Mailing Address
26: 3850 WASHINGTON St.
27 Suite, Apt. #, etc.: Apt. 907
28 City & State: Hollywood FL
29 Zip: 33021
30 Country: BROWARD

4. FEI Number: 65-0627205 ☐ 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

HARRIS, STEVEN
1700 N.E. 191ST STREET
SUITE 511
NORTH MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name: HARRIS, STEVEN
82 Street Address (P.O. Box Number is Not Acceptable): 3850 WASHINGTON St
83: Apt 907
84 City: Hollywood FL 85 Zip Code: 33021

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD	☐ Change ☐ Addition
NAME	HARRIS, STEVEN		1.2 NAME	HARRIS, STEVEN	
STREET ADDRESS	1700 NE 191ST STREET #511		1.3 STREET ADDRESS	3850 WASHINGTON St. - #907	
CITY-ST-ZIP	NORTH MIAMI FL 33179		1.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	VTD	☐ DELETE	2.1 TITLE	VTD	☐ Change ☐ Addition
NAME	HARRIS, SHEILA		2.2 NAME	HARRIS, SHEILA	
STREET ADDRESS	1700 NE 191ST STREET #511		2.3 STREET ADDRESS	3850 WASHINGTON St - #907	
CITY-ST-ZIP	NORTH MIAMI FL 33179		2.4 CITY-ST-ZIP	Hollywood, FL 33021	
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		

CR2E034 (9/96)

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 / 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: Steven L Harris 1/22/97 954 962-4203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0243189