

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90162 030 ***150.00

DOCUMENT # P96000020617

1. Corporation Name
COMPUBRIDGE, INC.

Principal Place of Business

11420 SW 102 COURT
MIAMI FL 33176

Mailing Address

11420 SW 102 COURT
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1996

4. FEI Number

65-0644057

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 7701 SW 146 RD

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

Zip

24 33183

Country

25 FLA USA

2a. Mailing Address

26 7701 SW 146 RD

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL

Zip

29 33183

Country

30 USA

9. Name and Address of Current Registered Agent

SPITZER, MORRY
11420 SW 102 CT.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

JING ZHAO

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

7701 SW 146 RD

83

84 City

MIAMI

FL

85 Zip Code

33183

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)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GEIGEL, MARK T
STREET ADDRESS 7380 SW 167 ST
CITY-ST-ZIP MIAMI FL 33157

☒ DELETE

TITLE VD
NAME ZHAO, JIN
STREET ADDRESS 7701 SW 146 RD
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE STD
NAME SPITZER, MORRY
STREET ADDRESS 11420 SW 102 CT
CITY-ST-ZIP MIAMI FL 33176

☒ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

2.1 TITLE PDST
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33183

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 305-386-4951

Date

Daytime Phone #

CR2E034 (11/98)