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FILED

**Feb 11 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 # P96000023494 (3)

1. Corporation Name
COMPU-SELL INTERNATIONAL CORP.



Principal Place of Business
**188 SOUTHEAST 1ST ST., STE. 1002
MIAMI FL 33130**

Mailing Address
**188 SOUTHEAST 1ST ST., STE. 1002
MIAMI FL 33131-1409**

3. Date Incorporated or Qualified **03/15/1996** 3a. Date of Last Report

2. Principal Place of Business
21 **8612 N.W. 70th ST** 2a. Mailing Address
26 **8612 N.W. 70th ST**

4. FEL Number **N/A** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **Miami FL** 28 City & State **Miami, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33166** 25 Country **USA** 29 Zip **33166** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	OBISPO, JOSE G	
STREET ADDRESS	188 SOUTHEAST 1ST ST., STE. 1002	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RAMOS, OSCAR	
STREET ADDRESS	188 SOUTHEAST 1ST ST., STE. 1002	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, AUGUSTIN	
STREET ADDRESS	188 SOUTHEAST 1ST ST., STE. 1002	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GARCIA, ABEL	
STREET ADDRESS	188 SOUTHEAST 1ST ST., STE. 1002	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAMOS, OSCAR
2.3 STREET ADDRESS	8612 N.W. 70th Street
2.4 CITY-ST-ZIP	MIAMI, FL. 33166
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GARCIA, ABEL
4.3 STREET ADDRESS	8612 N.W. 70th St
4.4 CITY-ST-ZIP	MIAMI, FL. 33166
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/97
Date Daytime Phone #

CR2E034 (9/96)