


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

FILED
May 06 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 # P96000029964 1. Corporation Name <div style="text-align: center; margin-top: 10px;">compusupport inc.</div>			
Principal Place of Business		Mailing Address	
114 N.W 109 Ave. #101 Pembroke Pines, Florida 33026		114 N.W 109 Ave. #101 Pembroke Pines, Florida 33026	
2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc. 114N.W 109 Ave. 22 City & State #101 23 Pembroke Pines, FL 24 Zip 33026		3. Date Incorporated or Qualified 4/5/96 3a. Date of Last Report N/A	
2a. Mailing Address		4. FEI Number	
25 Suite, Apt. #, etc. SAME 26 City & State SAME 27 Zip SAME		4. FEI Number 65-0657003 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name Andres Bellorin	
		82 Street Address (P.O. Box Number is Not Acceptable) 114 N.W 109 Ave Apt# 101	
		83 City Pembroke Pines,	
		84 City Pembroke Pines FL 85 Zip Code 33026	
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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE AEBU ANDRES BELLORIN / V6		DATE 4/25/97.	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P <input type="checkbox"/> DELETE 1.2 NAME Francisco Marciano 1.3 STREET ADDRESS 6652N.W 170Ter. Miami, FL 33015 1.4 CITY-ST-ZIP MIAMI, FL 33015		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME Andres Bellorin 2.3 STREET ADDRESS 114 N.W 109 Ave. #101 2.4 CITY-ST-ZIP Pembroke Pines, FL 33026		2.1 TITLE V6 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME ANDRES BELLORIN 2.3 STREET ADDRESS 114 N.W 109 AVE, #101 2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33026	
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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 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: AEBU ANDRES E. BELLORIN		DATE 4/25/97 (954) 432-2929. Daytime Phone #	

CR2E034 (9/96)