## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON ON BEFORE \$17.07: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROPERT :
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUL 21 AM 9: 07

DOCUMENT #	P96000039115	(6)
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CÓMPU	ISYSTEMS INTERNATION	AL INC.			
Principal Place of Business         Mailing Address           8595 NW 36TH ST., STE, 301         8595 NW 36TH ST., STE, 301           MIAMI FL 33166         MIAMI FL 33166		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 05/07/1996	3a, Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		W-06332/	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible
24	25	<del></del>	30	Personal Property Tax due June	
	g, Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent
	RBANO, KAROL		81 Name		
	2 NW 47 TER.		82 Street Addi	ress (P.O. Box Number is Not Accepted	ole)
MLA	MI FL 33178				
	•		83		
			84 City		FL 85 Zip Code
44 Discount	to the province of Sections 607	EOR and 607 1508 Etorida Statuto	the above named core	poration submits this statement for the	Urrage of shanolog its registered
office or r	egistered agent, or both in the St	of Florida, Such change was a	thorized by the corporal	poration submits this statement for the prior's board of directors. I hereby acce	ot the appointment as registered
	nn tamiliar with, and accept the ob	ligations of Section 607.0505; Flor	ida Statutes.		i
SIGNATURE	Signature: Wed or printed name of registered	agent and tale if applicability (NOTE	Registered Agent signature requir	red when reinstaling)	DATE
12,		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	<del></del>
TITLE	D	☐ DELETE	1.1 TITLE	7.0011101107078811020110 01111	Change Addition
NAME	BURBANO, KAROL		1.2 NAME		
STREET ADDRESS	9742 NW 47 TER.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		-
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		·
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME 1. :	6000028	2456366 /9701114026 /5.00 ****165.00
STREET ADDRESS			3.3 STREET ADDRESS	-07/23/	9701114026
CITY-ST-ZIP			3.4. CITY-ST-ZIP	****1€	5.00 ****165.00
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHTY-ST-ZIP		
TITLE		☐ DELETÉ	51 TITLE		Change Addition
NAME			5.2 NAME		Ì
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY - ST - ZIP		
TITLE		☐ DELETÉ	6.1 TITLE	· · <del>- ·</del>	Change Addition
NAME			6.2 NAME		)
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_CT.7IP			EACITY OT 7/D	doc 7/23	

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 Statules. 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 turble empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.