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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053636 (2)

COMPUTE TO COMPETE, INC.

Principal Place of Business

Mailing Address

339 ARTHUR GODFREY RD., STE. 710 MAMM BEACH FL 33140 333 ARTHUR GODFREY RD., STE. 710 MIAMI REACH FL 33140-3608

FILED Apr 23 1997 8:00am Secretary of State



MAMM BEACH FL 33140		MIAMI BEACH FL 33140-3608							
						3. Date Incorporated or Qualified 06/24/1996	3a. D:	ate of Las	t Report
	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			65.0675701	76/ Not Applicable			
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	е	City & State	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Cour	ntry		This corporation has liability for in Florida Statutes	intangible Yes		r s. 199.032,
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered	Agent	
	EZ, IRENE C		1	81	Name				
	5 COLLINS AVE., STE. 1910 : //5 MI BEACH FL 33140	503	ŀ	82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
			-	83					
			-	84	City		FL	85 Z	p Code
Office of r	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was	authorized	DV	the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of	f changing ointment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered ag		TE: Hog stered	Ager	nt signature req	uired when reinstating)	DATE	·· 	·
12.		ND DIRECTORS	13.		- 1-2	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D Lopez, Irene C	DELE1E	1.1 TITE	.E	P	DESIDENT		Chang	e [_] Addition
NAME	5005 COLLINS AVE., STE. 74	1503	1.2 NA	ИE	24	PEZ, IKENE C.	5		
STREET ADDRESS	MIAMI BEACH FL 33140		1.3 STR	EET /	ADDRESS -	DOS CALLINE TIE TI ISO	?		
CITY-ST-ZIP TITLE	MINIMI DEACTITE 33140	DELETE	1.4 CIT	Y-S1	I-ZIP	DOBSIDENT OPEZ, TRENE C. DOS COULNE AVE # 150 YIAMI BEACH, Fl. 3314	<i>d</i>	Chang	. I Addison
NAME		L. DELCTE	2 1 1110 2 2 NAM						e Addition
STREET ADDRESS					ADDRESS	•			
-CITY-ST-ZIP			2.4 CiT						
TITLE		DELETE	3.1 7171		<u> </u>			Chang	e Addition
NAME			3.2 NAN	Æ					
STREET ADDRESS			3.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			3.4. C(T	Y - S1	1-2(P				
TITLE		L_) DELETE	4.1 THTU	E				☐ Chang	e Addition
NAME			4. 2 NA	-					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CIT		- ZIP			[] Char:	
NAME			. 5.1 T(TL					Chang	e L Addition
STREET ADDRESS			5.2 NAN		ADDRESS				
CITY-ST-ZIP			5.3 STR						
TITLE	****	DELETE	6.1 TiTu		- ZIT			Chang	e Addition
NAME			6.2 NAN					J.id.ig	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 City						
									

I. 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.