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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Motthan?

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076859 (3)

PAY EASY SOLUTIONS - COMPUPAY, INC.



97 JUN 27 PM In 25

SECH WAY OF STATE TALLAHASSEE FLORIDA



Principal Place	e of Business	Mailing Address				
8300 N.W. 53RD ST. 8300 N.W. 53RD ST. SUITE 401						
SUITE 401 Miami FL 3316	6	MIAMI FL 33166-7713				
MINIMI TO SOL	•				3. Date Incorporated or Qualified 09/13/1996	3a. Date of Last Report
	ace of Business	2a. Mailing Address			4. FEI Number 0/ 0/1//	2015 Japplied For
21 8300 N.W. 53St. 26 Saml					105-06744	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	
23 Miami, F			•		Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip	7ip Country Zip Cou			y	8. This corporation has liability for i	
24 . 331	66 25 USH	29	30			Yes No
i	9. Name and Address of Curren	Registered Agent		т-т	10. Name and Address of New Re	Jistered Agent
	H, PETER		81	Name		
8300 N.W. 53RD ST.				Street Add	Street Address (P.O. Box Number is Not Acceptable)	
SUITE 401 MIAMI FL 33166			83	3		
MIA	MI PL 33100			1		
•			84	City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607 1508. Florida Stati	ides, the abov	Le.named cor	rporation submits this statement for the p	
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was	authorized b	y the corpora	ation's board of directors. I hereby accep	it the appointment as registered
	m rammar with, and accept the obliga	lights or, Section 607,0005, F	เดาผล อเสเนเน	\$.		
SIGNATURE	Signature, typed or printed name of registered ages	Lano tric il applicable (NC	till : Begistered Ag	ent signature requ	uince when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TIME	1		Change Addition
NAME	ROTH, PETER		1.2 NAME			
STREET ADDRESS	8300 N.W. 53RD ST. #401 MIAMI FL 33166			I ADDRESS		
CITY-ST-ZIP TITLE	MIPARI I E 65 100	DELFTE	1.4 CHTY - 2.1 THEF	51 - 2112		☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			2. 4 City			
TITLE		DELETE	3.1 1111	-		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. CHY-	51 - ZII ²		
TITLE		DELETE	4.1 TIFLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP		DUITE	44 CHY-	ST-7IP		Channe
TITLE		☐ DELETE	51 TITLE			Change Addition
NAME STOLET ADDRESS			5.2 NAME	LADORECC		
STREET ADDRESS			5.4 CHY -	1 ADORESS		
CITY-ST-ZIP TITLE		DELETE	6.1 111LE	ar-71r		Change Addition
NAME			62 NAME		00000219	
STREET ADDRESS			1	T ADDRESS	00000219 -05/39/970100	03020
CITY-ST-ZIP			G.4 CITY -		***495.00	ra were
OTT TOT LI			9.9 6111	· · · · · · · · · · · · · · · · · · ·	- New York III - New York	

14. I do hereby certify that the information supplied with this biling 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 arrival report is true and accurate and that my signature shall have the same legal effect as if made underload that my signature shall have the same legal effect as if made underload that my signature shall have the same legal effect as if made underload that my name appears in Block 12 or Block 13 if that my name appears in Block 12 or Block 13 if the made in the received state of the corporation or the received of the corporation or the received 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 the made in the received of the corporation or the received of the corporation of the c