

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000002231 (3)
1. Corporation Name
COMPUTRAN, INC.



Principal Place of Business
5616 KIMBERTON WAY
LAKE WORTH FL 33463

Mailing Address
5616 KIMBERTON WAY
LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16264 SW 81 Street Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 960644 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/03/1997	
22 City & State 23 Miami, FL		27 City & State 28 Miami FL		4. FEI Number 65-0717551	
24 Zip 33193		29 Country Miami - Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Zip 33296		30 Country Miami - Dade		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LOPEZ, MIGUEL A 5616 KIMBERTON WAY LAKE WORTH FL 33463				10. Name and Address of New Registered Agent 81 Name Miguel A. Lopez 82 Street Address (P.O. Box Number is Not Acceptable) 16264 SW 81 Street 83 84 City Miami 85 Zip Code FL 33193	

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, 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 607.005, Florida Statutes.

SIGNATURE *Miguel A. Lopez* 4/24/98
Signature of registered agent and the applicable (NOT) Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	MARTINEZ, DIGNORA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Dignora Martinez
STREET ADDRESS	5616 KIMBERTON WAY	1.3 STREET ADDRESS	16264 SW 81 Street
CITY-ST-ZIP	LAKE WORTH FL 33463	1.4 CITY-ST-ZIP	Miami FL 33193
V	LOPEZ, MIGUEL A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Miguel A. Lopez
STREET ADDRESS	5616 KIMBERTON WAY	2.3 STREET ADDRESS	16264 SW 81 Street
CITY-ST-ZIP	LAKE WORTH FL 33463	2.4 CITY-ST-ZIP	Miami FL 33193
<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 corporation's 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 *Miguel A. Lopez* 4/24/98 305408-9185

CR2E034 (10/97)