1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006747

1. Corporation Name

COMPUTODO, INC.

Principal Place of Business	
6811 S.W. 129TH AVENUE	

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90051 044 ***150.00



6811 S.W. 1291H AVENUE 6811 S.W. 1291H AVENUE									
APT. 2 MIAMI FL 33183 APT. 2 MIAMI FL 33183						DO NOT WRITE IN THIS SPACE			
MICHAEL SOLOC	,	MIAM TE GOTGE				3. Date Incorporated or Qualifed 01/23/1997			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21 26				65		65-0120174	N/	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional	
22 27						5. Certifcate of Status Desired	Fee R	equired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cour	itry		8. This corporation owes the current year in	ntangible	_	
24	25	29	30			Personal Property Tax. ☐ Yes ☐ No			
,	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	i Agent		
				81	Name				
	RANS, JOSE		-	82 Street Address (P.O. Box Number is Not Acceptable)					
	S.W. 129TH AVENUE					idioda (r.o. box rializasi la rializasi)			
	APT. 2			83					
MIAMI FL 33183				-	City		. 85 Zip	Code	
				84	City	FI		Oode	
office or n agent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the state m familiar with, and accept the obligation.	of Florida, Such change was au	thorized	by 1	the corpora	proporation submits this statement for the purpose of ation's board of directors. I hereby accept the appear $4-26$	ointment as re	egistered	
SIGNATURE	Signature, typed or printed name or registered age	nt and title if applicable. (NOTE:	Registered /	Agent	t signature requ	uired when reinstating) DATE			
12.	ØFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	VTD	☐ DELETE	1.1 TM	Æ			Change	☐ Addition	
NAME	Cabrera, Hernando		1.2 NA	ME)	
STREET ADDRESS 6811 S.W. 129TH AVENUE, SUITE 2 1.3 ST		1.3 STF	REET	ADDRESS			ļ		
CITY-ST-ZIP	MIAMI FL 33183		1.4 CIT	Y-\$1	í-ZIP				
TITLE	VSD DELETE 21TI		2.1 TITI	Æ			Change	☐ Addition	
NAME	DONADO, CHISTIAN	•	2.2 NA	ďΕ				į	
STREET ADDRESS			2.3 STF	REET	ADDRESS			į	
CITY-ST-ZIP	CITY-ST-ZIP MIAMI FL 33183 2.40			ry-S	IT- ZIP				
TITLE			3.1 TITI	LE.			[] Change	☐ Addition	
NAME	FERRANS, JOSE		3.2 NA	ΜE					
STREET ADDRESS	2014 014 400 41/5 0		3 3 STF	REET	ADDRESS				
CITY-ST-ZIP	14414 51 4446		3.4. CIT	ΓY- S	T-ZIP				
TITLE			4.1 TITI	4.1 TITLE			Change	☐ Addition	
NAME			4.2 NA	ME					
STREET ADDRESS	43.5		4.3 STF	4.3 STREET ADDRESS					
CITY-ST-ZIP	1		4.4 CIT	Y-\$T	r-ZIP				
TITLE			5.1 TITI	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STF	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-\$1	r-ZIP				
TITLE		☐ DELETE	6.1 TITI	LE			Change	☐ Addition	
NAME			6.2 NA	WE					
STREET ADDRESS			6.3 STF	REET	ADDRESS			1	

CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE:

6.4 CITY-ST-ZIP

STREET ADDRESS

305-3822640