

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

FILED  
May 19 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 # P97000036657 (9)

1. Corporation Name

COMPUACE GROUP, INC.



Principal Place of Business  
580 NW 165TH STREET ROAD  
MIAMI FL 33169

Mailing Address  
580 NW 165TH STREET ROAD  
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5190 NW 167th St.  
Suite, Apt. #, etc.

22 4217

City & State

23 Miami FL

Zip

24 33014

Country

25 Miami-Dade

2a. Mailing Address

26 5190 NW 167th St.  
Suite, Apt. #, etc.

27 4217

City & State

28 Miami FL

Zip

29 33014

Country

30 Miami-Dade

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

65-0748572

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

FRAYND, SAUL  
580 NW 165TH STREET ROAD  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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, or 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FRAYND, SAUL  
580 NW 165TH STREET ROAD  
MIAMI FL 33169

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FRAYND, PAUL  
580 NW 165TH STREET ROAD  
MIAMI FL 33169

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
STEARNS, PAUL  
580 NW 165TH STREET ROAD  
MIAMI FL 33169

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
STEARNS, PAT  
580 NW 165TH STREET ROAD  
MIAMI FL 33169

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

Pat Stearns

PAT STEARNS

4-18-98 (305) 623-0360

CR2E034 (10/97)