

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-10-1999 90185 017 ***150.00

DOCUMENT # P98000045236

1. Corporation Name
COMPUZONE, INC.

Principal Place of Business
3300 WEST 84 ST., BAY #3
HIALEAH FL 33016

Mailing Address
3300 WEST 84 ST., BAY #3
HIALEAH FL 33016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2130 West 68 ST.
Suite, Apt. #, etc.

2a. Mailing Address

26 2130 West 68 ST.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

65-0835618

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

City & State

23 Hialeah, FL

Zip

24 33016

Country

25 USA

City & State

28 Hialeah, FL

Zip

29 33016

Country

30 USA

9. Name and Address of Current Registered Agent

IGLESIAS, ADOLFO E
12010 SW 97 ST.
MIAMI FL 33186-2606

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

ADOLFO E IGLESIAS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GONZALEZ, ISABEL E

STREET ADDRESS 10411 NW 131 ST.

CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE V ☐ DELETE

NAME MARTINEZ, LEONARDA

STREET ADDRESS 10411 NW 131 ST.

CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME GONZALEZ, ISABEL E

1.3 STREET ADDRESS 2700 WEST 73 PL

1.4 CITY-ST-ZIP HIALEAH-FL-33016

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME MARTINEZ, LEONARDA

2.3 STREET ADDRESS 2700 WEST 73 PL

2.4 CITY-ST-ZIP HIALEAH-FL-33016

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, with all other like empowered.

SIGNATURE:

Isabel E Gonzalez

Isabel E Gonzalez 04-19/99

305-8284749

CR2E034 (11/98)