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Apr 30 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **V23032** (8)  
1. Corporation Name  
**COMPUEXPORT, CORP.**



Principal Place of Business: 5528 NW 101 CT, MIAMI FL 33178, US  
Mailing Address: 5528 NW 101 CT, MIAMI FL 33178-2642, US

3. Date Incorporated or Qualified: 03/19/1992  
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business: 21 7661 NW 68 ST, Suite #106, Miami FL  
2a. Mailing Address: 26 7661 NW 68 ST, Suite 106, Miami FL 3  
22 33166, 25 USA  
23 33166, 29 USA, 30 USA

4. FEI Number: 65-0337836  
5. Certificate of Status Desired: \$6.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent  
NADER, YAMIL & ELIZABETH NADER  
5528 NW 101 CT  
MIAMI FL 33178

10. Name and Address of New Registered Agent  
81 Name: Nader Yamil & Elizabeth  
82 Street Address (P.O. Box Number is Not Acceptable): 5528 NW 101 CT  
83  
84 City: Miami, FL 85 Zip Code: 33178

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DPT NADER, YAMIL	<input checked="" type="checkbox"/> DELETE
NAME	NADER, YAMIL	
STREET ADDRESS	10257 N.W. 56 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVS NADER, ELIZABETH	<input type="checkbox"/> DELETE
NAME	NADER, ELIZABETH	
STREET ADDRESS	10257 N.W. 56 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DPT NADER YAMIL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	NADER YAMIL		
1.3 STREET ADDRESS	5528 NW 101 CT		
1.4 CITY-ST-ZIP	MIAMI FL 33178		
2.1 TITLE	DVS ELIZABETH NADER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ELIZABETH NADER		
2.3 STREET ADDRESS	5528 NW 101 CT		
2.4 CITY-ST-ZIP	MIAMI FL 33178		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: *Elizabeth Nader*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/96)