FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 1:17

DOCUMENT # **V50266** **(8)**

1. Corporation Name
EDEN COMPUTER SYSTEMS INC.

Principal Place of Business	Mailing Address
7285 NW 12TH ST. MIAMI FL 33126	7285 NW 12TH ST. MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/13/1992
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business
21 3399 N.W 72 Ave.
Suite, Apt. #, etc.
22 120
City & State
23 Miami, FL
Zip 24 33122 Country 25 Dade

2a. Mailing Address
26 3399 N.W 72 Ave.
Suite, Apt. #, etc.
27 120
City & State
28 Miami, FL
Zip 29 33122 Country 30 Dade

4. FEI Number: 65-0349164 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LUIS RENATO DE SOUZA AGUIAR
3040 SHIPPING AVE.
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: Luis Renato De Souza Aguiar
82 Street Address (P.O. Box Number is Not Acceptable): 17423 SW. 74th Court
83
84 City: Miami FL 85 Zip Code: 33157

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FLAVIO HESSEE DE MEIRA PENNA	12 NAME	
STREET ADDRESS	AV. EPITACIAO PESSOA 2800/301 LAGOA	13 STREET ADDRESS	
CITY-ST-ZIP	RIO DE JANIERO RJ	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CARLOS HENRIQUE CAVALCANTE CORREA	22 NAME	
STREET ADDRESS	RUA GENERAL DIONISIO 33/101 HUMAIT	23 STREET ADDRESS	
CITY-ST-ZIP	RIO DE JANIERO RJ	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition X
NAME		32 NAME	Director Luis Renato De Souza Aguiar
STREET ADDRESS		33 STREET ADDRESS	17423 SW. 74th Court
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, FL 33157
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added in an attachment with an address.

SIGNATURE: Luis Renato Aguiar 04/12/95 305 591 7752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0122790 CP