


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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000016147 (8)

1. Corporation Name
EXPO A B COMPUTER, INC.



Principal Place of Business 6595 NW.W 36TH STREET SUITE 117 MIAMI FL 33166 US	Mailing Address 6595 N.W. 36TH STREET SUITE 117 MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/01/1994

2. Principal Place of Business 21 3296 N.W 72ND AVE Suite, Apt. #, etc. 22 City & State 23 MIAMI FL. Zip 24 33122-1318 Country 25 U.S.A	2a. Mailing Address 26 3296 NW 72ND AVE Suite, Apt. #, etc. 27 City & State 28 MIAMI FL. Zip 29 33122-1318 Country 30 U.S.A
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4. FEI Number
65-0471155

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
TATIANA BELTRAN, PATRICIA
~~6595 NW 36TH STREET~~ **3296 NW 72 AVE**
SUITE 117
MIAMI FL 33166 **MIAMI, FL. 33122-1318**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TATIANA BELTRAN, PATRICIA	
STREET ADDRESS	8245 LAKE DRIVE #E404	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	AGUILAR, ROGER B	
STREET ADDRESS	18350 NW MEDITERRAN BLVD #2704	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AGUILAR, JOSE O.	
STREET ADDRESS	18350 NW MEDITERRANEAN BLVD. 2704	
CITY-ST-ZIP	HIALEAH FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED **ROGER B. AGUILAR** 1/9/98 (305) 436-8152

CR2E034 (10/97)