

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

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

03-10-1999 90170 016 ***150.00

0177755

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P94000016147**

1. Corporation Name
EXPO A B COMPUTER, INC.



Principal Place of Business
 3296 NW 72ND AVENUE
~~SUITE 112~~
 MIAMI FL 33122-1318
 US

Mailing Address
 3296 NW 72ND AVENUE
~~SUITE 112~~
 MIAMI FL 33122-1318
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 []
 Suite, Apt. #, etc.
 22 []
 City & State
 23 []
 Zip Country
 24 [] 25 []

2a. Mailing Address
 26 []
 Suite, Apt. #, etc.
 27 []
 City & State
 28 []
 Zip Country
 29 [] 30 []

3. Date Incorporated or Qualified
03/01/1994

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
TATIANA BELTRAN, PATRICIA
 3296 NW 72 AVENUE
~~SUITE 117~~
 MIAMI FL 33122

10. Name and Address of New Registered Agent
 81 Name **JOSE O. AGUILAR**
 82 Street Address (P.O. Box Number is Not Acceptable)
3296 N.W. 72 AVENUE
 83 []
 84 City **Miami** FL 85 Zip Code **33122**

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 **JOSE O. AGUILAR - PRESIDENT** DATE **3/3/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PRESIDENT AGUILAR, JOSE O.
3.3 STREET ADDRESS	6123 NW 174 TERR
3.4 CITY-ST-ZIP	HIALEAH, FL. 33015
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, with all other like empowered.

SIGNATURE: **JOSE O. AGUILAR** DATE **3/3/99** DAYTIME PHONE # **(305) 436-8152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)