


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

FILED

**Feb 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000084903 (9)
1. Corporation Name
SAKAI OF MIAMI INC.
D/B/A ALIENWARE PC SYSTEMS



Principal Place of Business Mailing Address

**7620 MIAMI VIEW DR.
MIAMI FL 33186
US**

**10185 SW 139TH PL
MIAMI FL 33186
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **13418 SW 128 ST** 26 **13418 SW 128 ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **MIAMI, FL** 27 **MIAMI, FL**

City & State City & State

23 **33186** 25 **US** 29 **33186** 30 **US**

Zip Country Zip Country

3. Date Incorporated or Qualified
10/15/1996

4. FEI Number **65-0700808** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SANTIESTEBAN, FABIAN **NELSON GONZALEZ**
7620 MIAMI VIEW DR. **13418 SW 128 ST**
N. BAY VILLAGE FL 33141 **MIAMI, FL 33186**

10. Name and Address of New Registered Agent

81 Name **NELSON GONZALEZ**

82 Street Address (P.O. Box Number is Not Acceptable)
13418 SW 128 ST

83

84 City **MIAMI** FL 85 Zip Code **33186**

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 *[Signature]* 2-16-98
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	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, NELSON	
STREET ADDRESS	10185 SW 139TH PLACE	
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		
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 checked="" type="checkbox"/> Addition
2.2 NAME	VICE-PRESIDENT
2.3 STREET ADDRESS	ALEX AGUILA
2.4 CITY-ST-ZIP	10840 SW 68 DR
	MIAMI, FL 33173
3.1 TITLE	
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]* 2-20-98

CR2E034 (10/97)