


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

FILED  
Jul 15 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 625970  
1. Corporation Name

HARDWARE INAGINATION INC.

|  |  |
|--|--|
| Principal Place of Business<br>c/o James Roye<br>4300 nw 37th Ave<br>Miami, Fl 33142 | Mailing Address<br>c/o James Roye<br>4300 nw 37th Ave<br>Miami, Fl 33142 |
|--|--|

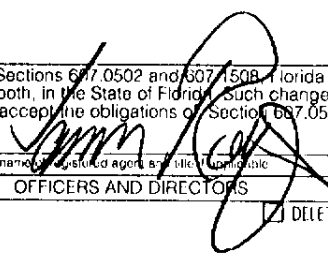
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|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |                                   |
|---|-----------------------------------|
| 3. Date Incorporated or Qualified<br>3-1-1983   | 3a. Date of Last Report<br>3-2-96 |
| 4. FEI Number<br>59-2267227   | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>   | \$8.75 Additional<br>Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                   |

|  |
|--|
| 9. Name and Address of Current Registered Agent<br>81 Name<br>James Roye<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>4300 NW 37 th Ave<br>83<br>84 City<br>Miami |
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| 10. Name and Address of New Registered Agent<br>85 Zip Code<br>FL 33142 |
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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 registering)

|                            |                                 |
|----------------------------|---------------------------------|
| 12. OFFICERS AND DIRECTORS |                                 |
| 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                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

|   |   |
|---|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| 11 TITLE  | PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   | James Roye  |
| 13 STREET ADDRESS                                     | 4175 SW 110 Terr  |
| 14 CITY-ST-ZIP  | Davie Fl 33328  |
| 21 TITLE  | VP <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| 22 NAME   | Michael Raddick   |
| 23 STREET ADDRESS                                     | 9674 Kilgore Rd   |
| 24 CITY-ST-ZIP  | Orlando Fl 32836  |
| 31 TITLE  | S <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 32 NAME   | John Davis  |
| 33 STREET ADDRESS                                     | 3057 SW Cedar Trail   |
| 34 CITY-ST-ZIP  | Palm City Fl 34990  |
| 41 TITLE  | VP <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| 42 NAME   | Luis Perez  |
| 43 STREET ADDRESS                                     | 4514 SW 134 CT.   |
| 44 CITY-ST-ZIP  | Miami Fl 33175  |
| 51 TITLE  | VP <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| 52 NAME   | Judy Pedero   |
| 53 STREET ADDRESS                                     | 3110 Elmer St   |
| 54 CITY-ST-ZIP  | Sarasota Fl 34231   |
| 61 TITLE  |   |
| 62 NAME   | 100002239011  |
| 63 STREET ADDRESS                                     | -07/16/97--01010--014   |
| 64 CITY-ST-ZIP  | ***558.75   |

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:   6/23/97 (305)635-3300

CR2E034 (9/96)