

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M47568 (4)  
1. Corporation Name  
COMPUTER PRODUCTS UNLIMITED, INC.

Principal Place of Business  
3280 NW 23RD AVE  
#800-E  
POMPANO BEACH FL 33069  
US

Mailing Address  
4350 WEST SUNRISE BLVD.  
SUITE 121  
PLANTATION FL 33313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6600 NW 12 Avenue Suite, Apt. #, etc. 22 Suite 203 City & State 23 Fort Lauderdale FL Zip 24 33309		2a. Mailing Address 26 6600 NW 12 Ave Suite, Apt. #, etc. 27 Suite 203 City & State 28 Fort Lauderdale FL Zip 29 33309		3. Date Incorporated or Qualified 03/03/1987		3a. Date of Last Report 05/01/1996	
				4. FEI Number 65-0050481		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

ADAN, RAUL  
3280 NW 23RD AVE  
STE 800-E  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name Adan, Mercedes  
82 Street Address (P.O. Box Number is Not Acceptable)  
6600 NW 12 Ave Suite 203  
83  
84 City Fort Lauderdale FL 85 Zip Code 33309

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 Mercedes A. Adan, Office 9-17-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ADAN, RAUL	1.2 NAME	
STREET ADDRESS	10031 NW 58 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	ADAN, MERCEDES	2.2 NAME	
STREET ADDRESS	10031 NW 58 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Mercedes A. Adan, Office 9-17-97 954 772-7211

CR2E034 (4/97)