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May 08 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 # **P93000003300 (9)**

1. Corporation Name
ALFA MEGABYTE, INC.

Principal Place of Business	Mailing Address
3045 NW 82 AVE MIAMI FL 33122 US	3045 NW 82 AVE MIAMI FL 33122-1057 US

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business
21: 10655 NW 29th Terr.
22: Suite, Apt. #, etc.
23: City & State: Miami, FL
24: Zip: 33172 — 25: Country

2a. Mailing Address
26: 10655 NW 29th Terr.
27: Suite, Apt. #, etc.
28: City & State: Miami, FL
29: Zip: 33172 — 30: Country

4. FEI Number: 65-0385258 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CUNHA, CLOYIS
10010 NW 44TH TERR
STE 302
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name: CUNHA, clovis
82 Street Address (P.O. Box Number is Not Acceptable): 100 Dockside Circle
83
84 City: Fort Lauderdale FL 85 Zip Code: 33327

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☑ Addition
NAME	LEE, JON K		1.2 NAME	
STREET ADDRESS	15743 NW 11TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	zip 33028
TITLE	VP	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	CUNHA, CLOVIS		2.2 NAME	
STREET ADDRESS	2674 OAKMONT		2.3 STREET ADDRESS	100 Dockside circle
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CITY-ST-ZIP	Fort Lauderdale FL 33327
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: JON LEE 4-29-97 (305) 593 1545