


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

FILED

Apr 29 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000023687 (5)</b> 1. Corporation Name <b>ORBIT U.S.A. COMPUTERS, INC.</b>					
Principal Place of Business <del>110 SE 1ST AVE</del> <del>MIAMI FL 33131</del> US			Mailing Address <del>110 SE 1ST AVE</del> <del>MIAMI FL 33131</del> US		
2. Principal Place of Business 21 <b>2948 N.W. 72ND AVENUE</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>2948 N.W. 72ND AVENUE</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>03/23/1993</b>	
23 <b>MIAMI FLORIDA,</b> Zip <b>33122</b> Country <b>USA</b>		28 <b>MIAMI FLORIDA,</b> Zip <b>33122</b> Country <b>USA</b>		4. FEI Number <b>65-0406428</b> Applied For Not Applicable	
24		29		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
26		31		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 <b>CARLOS &amp; PLACUCCI</b> <b>3630 NW 85 WAY, #307</b> <b>SUNRISE FL 33351</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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: typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <del>DPT</del> NAME <b>PLACUCCI, CARLOS E.</b> STREET ADDRESS <b>740 SW 93RD TERR</b> CITY-ST-ZIP <b>PEMBROKE PINES FL</b> <input type="checkbox"/> DELETE			1.1 TITLE <b>DIRECTOR/PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>D</b> NAME <b>PLACUCCI, CESAR A.</b> STREET ADDRESS <b>9517 NW 42ND ST</b> CITY-ST-ZIP <b>SUNRISE FL</b> <input type="checkbox"/> DELETE			2.1 TITLE <b>DIRECTOR/VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			3.1 TITLE <b>SECRETARY/TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>ZORILDA ARENCIBIA GONZALEZ</b> 3.3 STREET ADDRESS <b>5260 WEST 26TH COURT</b> 3.4 CITY-ST-ZIP <b>HIALEAH FL, 33016</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 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 registered agent 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

CESAR A. PLACUCCI

April 13th/98

(305) 406-1124

CR2E034 (10/97)