

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

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000017510 (6) 1. Corporation Name AOL COMPUTERS & ELECTRONICS, INC.			
Principal Place of Business 151 E 57TH ST HIALEAH FL 33013		Mailing Address 8631 SW 32ND TERR MIAMI FL 33155-3237 US	
2. Principal Place of Business 21 8631 SW 32ND TERR Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33155 Country 25 DADE		2a. Mailing Address 26 8631 SW 32ND TERR Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33155 Country 30 DADE	
9. Name and Address of Current Registered Agent GONZALEZ, GUSTAVO 151 E 57TH ST HIALEAH FL 33013			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, as officer 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 LUIS M. GONZALEZ DATE 4/15/97			
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	GONZALEZ, GUSTAVO		
STREET ADDRESS	151 E 57TH ST		
CITY-ST-ZIP	HIALEAH FL 33013		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	ALEMAN, ALEJANDRO C		
STREET ADDRESS	9419 FONTAINEBLEAU BLVD UNIT 108		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	GONZALEZ, LUIS M		
STREET ADDRESS	8631 SW 32ND TERR		
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			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2	NAME	GONZALEZ, GUSTAVO	
1.3	STREET ADDRESS	16192 NW 14TH CT	
1.4	CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
2.1	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2	NAME	ALEMAN	
2.3	STREET ADDRESS	7224 SACORANDA LANE	
2.4	CITY-ST-ZIP	MIAMI LAKES, FL 33014	
3.1	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY-ST-ZIP		
4.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY-ST-ZIP		
5.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY-ST-ZIP		
6.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2	NAME		
6.3	STREET ADDRESS		
6.4	CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver of justice empowered to appear in Block 12 or Block 13 if checked, or an agent with an address.			
SIGNATURE: LUIS M. GONZALEZ DATE: 4/15/97 PHONE: 305-550-9284			



CR2E034 (9/96)