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Apr 15 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 # P94000039900 (3)

1. Corporation Name
ARCO COMPUTER PRODUCTS, INC.

Principal Place of Business
2750 N. 29TH AVENUE, SUITE 316
HOLLYWOOD FL 33020

Mailing Address
2750 N. 29TH AVENUE, SUITE 316
HOLLYWOOD FL 33020-1519



3. Date Incorporated or Qualified 05/26/1994	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0493489	Applied For
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

LEVY, ITZIK
2750 N. 29TH AVENUE, SUITE 316
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 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	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARSHALOM, AVRAHAM	12 NAME	
STREET ADDRESS	2750 N. 29TH AVENUE, SUITE 316	13 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33020	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARSHALOM, MOSHE	22 NAME	
STREET ADDRESS	2750 N. 29TH AVENUE, SUITE 316	23 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33020	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, ITZIK	32 NAME	
STREET ADDRESS	2750 N. 29TH AVENUE, SUITE 316	33 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33020	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFER, TZEIRA	42 NAME	
STREET ADDRESS	1412 29TH STREET, N.W.	43 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC 20007	44 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFER, ABRAHAM	52 NAME	
STREET ADDRESS	1412 29 STREET NW	53 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Abraham Sofor 4-8-97 9549252688

CR2E034 (9/96)