FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000052539 (1)**

1. Corporation Name
CARIBBEAN COMPUTER EXPORTS, INC.

Principal Place of Business	Mailing Address
~~830 N.E. POP TILTON'S PL~~ ~~JENSEN BEACH FL 34957~~	~~830 N.E. POP TILTON'S PL~~ ~~JENSEN BEACH FL 34957~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5201 BLUE LAGOON DR.	26 5201 BLUE LAGOON DR.
22 Suite, Apt. #, etc. SUITE 700	27 Suite, Apt. #, etc. SUITE 700
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33126 25 Country	29 Zip 33126 30 Country

4. FEI Number: 66-0414903 ☐ 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	10. Name and Address of New Registered Agent
PI, OSVALDO ~~830 N.E. POP TILTON'S PL~~ 5201 BLUE LAGOON DR. ~~JENSEN BEACH FL 34957~~ SUITE 700 MIAMI, FL. 33126	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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: O. P. 4-19-94
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	11 TITLE	C, D ☑ Change ☐ Addition
NAME	~~WALLENBERG, PEDER CHRMAN~~	12 NAME	PEDER WALENBERG
STREET ADDRESS	~~830 N.E. POP TILTON'S PL~~	13 STREET ADDRESS	5201 BLUE LAGOON DR., SUITE 700
CITY-ST-ZIP	~~JENSEN BEACH FL 34957~~	14 CITY-ST-ZIP	MIAMI, FL 33126
TITLE		21 TITLE	P, D. ☐ Change ☑ Addition
NAME		22 NAME	HUMBERTO J. GONZALEZ
STREET ADDRESS		23 STREET ADDRESS	5201 BLUE LAGOON DR., SUITE 700
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI, FL 33126
TITLE		31 TITLE	D ☐ Change ☑ Addition
NAME		32 NAME	BARRY G. CRAIG
STREET ADDRESS		33 STREET ADDRESS	5201 BLUE LAGOON DR., SUITE 700
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI, FL. 33126
TITLE		41 TITLE	S, T, V, D ☐ Change ☑ Addition
NAME		42 NAME	OSVALDO PI
STREET ADDRESS		43 STREET ADDRESS	5201 BLUE LAGOON DR., SUITE 700
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FL. 33126
TITLE		51 TITLE	V ☐ Change ☑ Addition
NAME		52 NAME	KIRK MCLEAN
STREET ADDRESS		53 STREET ADDRESS	5201 BLUE LAGOON DR., SUITE 700
CITY-ST-ZIP		54 CITY-ST-ZIP	MIAMI, FL. 33126
TITLE		61 TITLE	V ☐ Change ☑ Addition
NAME		62 NAME	JOHN TRUPELLI
STREET ADDRESS		63 STREET ADDRESS	5201 BLUE LAGOON DR. SUITE 700
CITY-ST-ZIP		64 CITY-ST-ZIP	MIAMI, FL. 33126

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: O. P. OSVALDO PI 4-19-94 (305) 265-4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP