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May 02 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 # P94000052539 (1)

1. Corporation Name
CARIBBEAN COMPUTER EXPORTS, INC.



Principal Place of Business
5201 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126
US

Mailing Address
5201 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126-2092
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

DE LA HOZ, ERVESTO M
5201 BLUE LAGOON DRIVE
SUITE #700
MIAMI FL 33126

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
07/15/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

66-0414903

Applied For
Not Applicable

6. 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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME WALLENBERG, PEDER CHRMAN
STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE 700
CITY-ST-ZIP MIAMI FL

TITLE PD
NAME GONZALEZ, HUMBERTO J
STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE 700
CITY-ST-ZIP MIAMI FL

TITLE V
NAME ARAGON, ANTONIO
STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE #700
CITY-ST-ZIP MIAMI FL

TITLE V
NAME MCLEAN, KIRK
STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE 700
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C
1.2 NAME MAHONEY, TIM
1.3 STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE 700
1.4 CITY-ST-ZIP MIAMI, FL 33126

2.1 TITLE VT
2.2 NAME HERRERA, WILLIAM A
2.3 STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE 700
2.4 CITY-ST-ZIP MIAMI, FL 33126

3.1 TITLE VS
3.2 NAME DE LA HOZ, ERNESTO
3.3 STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE 700
3.4 CITY-ST-ZIP MIAMI, FL 33126

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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

4/8/97

Date

(305) 265-4939

Daytime Phone

CR2E034 (9/96)