

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1994

4. FEI Number

66-0414903

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name William A. Herrera

82 Street Address (P.O. Box Number is Not Acceptable)

5201 Blue Lagoon Drive

83 suite #700

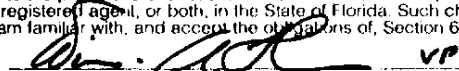
84 City Miami

FL

85 Zip Code 33126

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



(NOTE: Registered Agent signature required when reinstating)

4/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	MAHONEY, TIM	
STREET ADDRESS	5201 BLUE LAGOON DR STE 700	
CITY - ST - ZIP	MIAMI FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, HUMBERTO J	
STREET ADDRESS	5201 BLUE LAGOON DRIVE, SUITE 700	
CITY - ST - ZIP	MIAMI FL	

TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	DELA HOZ, ERNESTO	
STREET ADDRESS	5201 BLUE LAGOON DR STE 700	
CITY - ST - ZIP	MIAMI FL	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	HERRERA, WILLIAM A	
STREET ADDRESS	5201 BLUE LAGOON DR STE 700	
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 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bob Forsyth	
5.3 STREET ADDRESS	5201 Blue Lagoon Drive, Suite #700	
5.4 CITY - ST - ZIP	Miami, FL 33126	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Claus Stenbaek	
6.3 STREET ADDRESS	5201 Blue Lagoon Drive, suite #700	
6.4 CITY - ST - ZIP	Miami, FL 33126	

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 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:



WILLIAM A. HERRERA

4/27/98

305-265-4939

CP2E034 (10/97)