

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**  
07-22-1999 90005 038 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000052539**  
1. Corporation Name  
**CARIBBEAN COMPUTER EXPORTS, INC.**

Principal Place of Business <b>5201 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126 US</b>	Mailing Address <b>5201 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/15/1994</b>	
4. FEI Number <b>66-0414903</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**HERRERA, W A  
5201 BLUE LAGOON DRIVE  
SUITE #700  
MIAMI FL 33126**

**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**

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MAHONEY, TIM</b>
STREET ADDRESS	<b>5201 BLUE LAGOON DR STE 700</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, HUMBERTO J</b>
STREET ADDRESS	<b>5201 BLUE LAGOON DRIVE, SUITE 700</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VTS</b> <input type="checkbox"/> DELETE
NAME	<b>HERRERA, WILLIAM A</b>
STREET ADDRESS	<b>5201 BLUE LAGOON DR STE 700</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FORSYTH, B</b>
STREET ADDRESS	<b>5201 BLUE LAGOON DR, STE 700</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>STENBAEK, C</b>
STREET ADDRESS	<b>5201 BLUE LAGOON DR, STE 700</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>EWERLOF, FREDRIK</b>
1.3 STREET ADDRESS	<b>5201 BLUE LAGOON DR, STE 700</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LINDROTH, HANS</b>
2.3 STREET ADDRESS	<b>5201 BLUE LAGOON DR, STE 700</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* **7/13/99** **305 245-4939**

CR2E034 (5/99)

593432-90065-38  
P94000052539



July 13, 1999

Division of Corporations  
Annual Reports Filings--  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Per the instructions given to me by Mr. Andy Dunlap of your office, I am informing you that we did not receive the Annual Reports that you mailed in January, and had to make numerous calls to obtain copies. Mr. Dunlap told me that I would be receiving the "SECOND NOTICE" forms and that I should use them instead of the copies.

As a result, we are sending you the forms with the normal \$150 fee per corporation, plus \$8.75 for a copy of the certificate. Please feel free to call me if you have any questions or require additional information.

Sincerely,



Abel J. Nicola, Jr.  
Controller