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

FILED
95 JUL 19 PM 12:00

DOCUMENT # P94000064885

1. Corporate Name
CARIBBEAN HARDWARE SOFTWARE CONSULTING

Principal Place of Business
692 W. 29 St #9
Hialeah, FL. 33012

Mailing Address
PO Box 420979
Miami, FL. 33242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/2/94
3a. Date of Last Report:

2. Principal Place of Business (21): Suite Apt #, etc (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite Apt #, etc (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0531788 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Ramon Mola Jr Ste 9
692 W. 29 St
Hialeah, FL. 33012

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 _____ DATE
Signature(s) and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P/P/ST/	11 TITLE ☐ Change ☐ Addition
NAME Ramon Mola Jr.	12 NAME
STREET ADDRESS 692 W. 29 St #9	13 STREET ADDRESS
CITY ST ZIP Hialeah, FL. 33012	14 CITY ST ZIP
TITLE	21 TITLE ☐ Change ☐ Addition
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY ST ZIP	24 CITY ST ZIP
TITLE	31 TITLE ☐ Change ☐ Addition
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY ST ZIP	34 CITY ST ZIP
TITLE	41 TITLE ☐ Change ☐ Addition
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY ST ZIP	44 CITY ST ZIP
TITLE	51 TITLE ☐ Change ☐ Addition
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY ST ZIP	54 CITY ST ZIP
TITLE	61 TITLE ☐ Change ☐ Addition
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY ST ZIP	64 CITY ST ZIP

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14. I the undersigned, verify 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 added by attachment with an address.

SIGNATURE: _____ 7/9/95 305-6880776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #