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Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

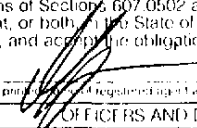
DOCUMENT # P94000074866
1. Corporation Name
SILICON ONE COMPUTER, INC.

Principal Place of Business Mailing Address
999 PONCE DE LEON BLVD. #705
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2200 N.W. 102 AVE	26 To GARY D. LIPSON	65-0530523	Not Applicable
22 Suite, Apt. #, etc. UNIT #1	27 914 MATANZAS AVE.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 MIAMI, FL	28 CORAL GABLES, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33172	25 Country USA	29 Zip 33146	30 Country USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HERMINIA FERNANDEZ 999 PONCE DE LEON BLVD. #705 CORAL GABLES, FL 33134		81 Name GARY D. LIPSON 82 Street Address (P.O. Box Number is Not Acceptable) 914 MATANZAS AVE. 83 84 City CORAL GABLES FL 85 Zip Code 33146	

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:  GARY D. LIPSON DATE: 4/3/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P
NAME	IGNACIO MERCHUK	1.2 NAME	IGNACIO MERCHUK
STREET ADDRESS	999 PONCE DE LEON BLVD #705	1.3 STREET ADDRESS	2200 N.W. 102 AVE. #1
CITY-ST-ZIP	CORAL GABLES, FL 33134	1.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE		2.1 TITLE	VP
NAME		2.2 NAME	JORGE SPAMPINATO
STREET ADDRESS		2.3 STREET ADDRESS	2200 N.W. 102 AVE. #1
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	000002489200
NAME		6.2 NAME	-04/15/98--01040--008
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		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:  JORGE SPAMPINATO DATE: 4-3-98 DAYTIME TELEPHONE: 305-477-1704

CR2E034 (10/97)