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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000038398 (0)

H.Q. COMPUTERS, CORP.

FILED Feb 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 7231 NW 79 TERRACE **7231 NW 79 TERRACE** MIAMI FL 33166 MIAMI F 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified *05/15/1995* 2. Principal Place of Business 21 8070 S.W. 13 TETT. 26. Mailing Address 4. FEI Number Applied For 8020 5 W. 13 TEST 21 26 Not Applicable 65-0581704 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing FloridA MIAMI MIAUI 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA 33144 29 Personal Property Tax due June 30. X Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 QUINONES, HAROLD 7231 NW 79 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 City 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 (NOTE: Registered Agent signature required when reinstating) fered agent and tille if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. QUINONES HAROLD 8020 S.W. 13 TEN Change DELETE 1.1 TITLE TITLE NAME QUINOES, HAROLD 1.2 NAME 7231 NW 79 STREET STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 33144 MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition | TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 111LE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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 eath; 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:

day day

1-29-98 305-267-9363

CR2E034