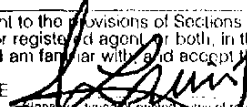


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

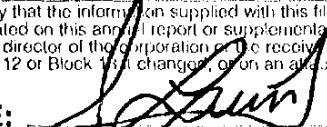
FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000074291 (2) 1. Corporation Name MASTER COMPUTERS, INC.			
Principal Place of Business 2457 COLLINS AVE. 505 MIAMI BEACH FL 33140		Mailing Address 2457 COLLINS AVE. 505 MIAMI BEACH FL 33140-4728	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent MENDOZA, LUIS 9101 NW 114 STREET HIALEAH GARDENS FL 33016			
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: 04-29-97			
12. OFFICERS AND DIRECTORS 12.1 TITLE: PD 12.2 NAME: MENDOZA, LUIS 12.3 STREET ADDRESS: 9101 NW 114 STREET 12.4 CITY-ST-ZIP: HIALEAH GARDENS FL 33016 12.5 TITLE: V 12.6 NAME: DOMINGUEZ, JAIME 12.7 STREET ADDRESS: 2457 COLLINS AVE #505 12.8 CITY-ST-ZIP: MIAMI BEACH FL 33140 12.9 TITLE: S 12.10 NAME: MENDOZA, MARIBEL 12.11 STREET ADDRESS: 9101 NW 114 STREET 12.12 CITY-ST-ZIP: HIALEAH GARDENS FL 33016 12.13 TITLE: T 12.14 NAME: MENDOZA, LUIS A 12.15 STREET ADDRESS: 9101 NW 114 STREET 12.16 CITY-ST-ZIP: HIALEAH GARDENS FL 33016 12.17 TITLE: 12.18 NAME: 12.19 STREET ADDRESS: 12.20 CITY-ST-ZIP: 12.21 TITLE: 12.22 NAME: 12.23 STREET ADDRESS: 12.24 CITY-ST-ZIP:			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE: 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-ST-ZIP: 13.5 TITLE: 13.6 NAME: 13.7 STREET ADDRESS: 13.8 CITY-ST-ZIP: 13.9 TITLE: 13.10 NAME: 13.11 STREET ADDRESS: 13.12 CITY-ST-ZIP: 13.13 TITLE: 13.14 NAME: 13.15 STREET ADDRESS: 13.16 CITY-ST-ZIP:			



CR2E034 (9/96)

14. I do 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 a 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: 

04-29-97 (305)266-2296