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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016381

1. Corporation Name
INTERNATIONAL COMPUTER EXPORTS, INC.

[redacted]

Principal Place of Business
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES FL

Mailing Address
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1996
4. FEI Number: 65-0683821 — 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 9030 N.W. 12th St.
Suite, Apt. #, etc. 22
City & State 23 Miami, FL
Zip 24 33172 Country 25 USA

2a. Mailing Address
26 9032 N.W. 12th St.
Suite, Apt. #, etc. 27
City & State 28 Miami, FL
Zip 29 33172 Country 30 USA

9. Name and Address of Current Registered Agent
WASSERSTROM, BARRY
5801 BISCAYNE BLVD
SUITE 125
MIAMI FL 33137

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD ☐ DELETE
NAME	NARVARTE, ERIC L
STREET ADDRESS	1500 SAN REMO AVENUE, SUITE 125
CITY-ST-ZIP	CORAL GABLES FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD ☒ Change ☐ Addition
1.2 NAME	Juan P. Vazquez
1.3 STREET ADDRESS	11605 SW 99th Ct.
1.4 CITY-ST-ZIP	Miami, FL 33176
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CRPF034 (11/98)

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, with all other like empowered.

SIGNATURE: Juan P. Vazquez — 4/27/99 — (305) 470-2778
SIGNATURE AND TYPED OR PRINTED NAME OF BONAFIDE OFFICER OR DIRECTOR — Date — Daytime Phone #

2000 filing

Juan P. Vazquez 04/28/00 (305) 470-2778