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PROFIT CORPORATION. ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000036424 1. Corporation Name LAPTOP SHOP, INC.			
Principal Place of Business 341 E. FLAGLER ST. MIAMI, FL. 33131-1303		Mailing Address SAME	
2. Principal Place of Business 21 341 E. FLAGLER ST.		2a. Mailing Address 26 SAME	
Suite, Apt. #, etc. 22 _____		Suite, Apt. #, etc. 27 SAME	
City & State 23 MIAMI FL		City & State 28 _____	
Zip 24 33131		Zip 29 33016	
Country 25 DADE		Country 30 _____	
9. Name and Address of Current Registered Agent EDUARDO OLIVA 15741 NW 80TH CT. MIAMI LAKES, FL. 33016		10. Name and Address of New Registered Agent 81 Name EDUARDO OLIVA 82 Street Address (P.O. Box Number is Not Acceptable) 15741 NW 80TH CT. 83 _____ 84 City MIAMI LAKES FL 85 Zip Code 33016	
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 EdUARDO OLIVA EDUARDO OLIVA 4/1/99 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE P.V.P. D NAME KRISTEN ROSEN STREET ADDRESS 2217 SW 119 AVE CITY-ST-ZIP MIRAMAR, FL 33025 <input checked="" type="checkbox"/> DELETE TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P.V.P. SR. TRON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME EDUARDO OLIVA 1.3 STREET ADDRESS 15741 NW 80TH CT. 1.4 CITY-ST-ZIP MIAMI LAKES, FL. 33016 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **EdUARDO OLIVA** **EDUARDO OLIVA** **4/1/99** **(305) 358-3602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)