

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000093687 (7)

1. Corporation Name
TOTAL HARDWARE CORP.

Principal Place of Business
10705 BISCAYNE BOULEVARD
MIAMI FL 33161

Mailing Address
10705 BISCAYNE BOULEVARD
MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/15/1996	3a. Date of Last Report NEW CORP.
4. FEI Number 650706700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fee
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 10705 BISCAYNE BLV Suite, Apt. #, etc. 22 City & State 23 MIAMI Zip 24 FL	2a. Mailing Address 25 SAME Suite, Apt. #, etc. 26 City & State 27 Zip 28 33161 Country 29
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9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent 81 Name KATIOSKA HURLES 82 Street Address (P.O. Box Number is Not Acceptable) 210 172nd ST #126 83 84 City MIAMI FL 85 Zip Code 33160
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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]* KATIOSKA HURLES 9/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME ESCORTIA, JORGE L	
STREET ADDRESS 10705 BISCAYNE BOULEVARD	
CITY-ST-ZIP MIAMI FL 33161	
TITLE V	<input type="checkbox"/> DELETE
NAME HURLES, KATIOSKA	
STREET ADDRESS 10705 BISCAYNE BOULEVARD	
CITY-ST-ZIP MIAMI FL 33161	
TITLE ST	<input type="checkbox"/> DELETE
NAME ESCORTIA, LESLIE	
STREET ADDRESS 10705 BISCAYNE BOULEVARD	
CITY-ST-ZIP MIAMI FL 33161	
TITLE N/A	<input type="checkbox"/> DELETE
NAME N/A	
STREET ADDRESS N/A	
CITY-ST-ZIP N/A	
TITLE N/A	<input type="checkbox"/> DELETE
NAME N/A	
STREET ADDRESS N/A	
CITY-ST-ZIP N/A	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	N/A
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	N/A
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	400002295884-3
3.4 CITY-ST-ZIP	09/17/97-01092-005 ***165.00 ***165.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	N/A
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	N/A
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	N/A
6.4 CITY-ST-ZIP	

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 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 *[Signature]* KATIOSKA HURLES 9/10/97

CR2E034 (4/97)