

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.)

FILED
 Aug 04 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094121 (6)
 1. Corporation Name
TOWER EAGLE COMPUTERS, INC.



Principal Place of Business 2760 W. ATLANTIC BLVD. SUITE 3, PALM AIRE PLAZA POMPANO BEACH FL 33069	Mailing Address 2760 W. ATLANTIC BLVD. SUITE 3, PALM AIRE PLAZA POMPANO BEACH FL 33069
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1986		3a. Date of Last Report	
2. Principal Place of Business 21 2724 W. ATLANTIC BLVD	2a. Mailing Address 26 2724 W. ATLANTIC BLVD	4. FEI Number 65-0720845	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State POMPANO BEACH, FL	28 City & State POMPANO BEACH, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33069	25 Country	29 Zip 33069	30 Country
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE.
SUITE 2000
MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name **FELIPE TORREALBA**
 82 Street Address (P.O. Box Number is Not Acceptable)
6421 MALLARDS LANE
 83
 84 City **COCONUT CREEK FL** 85 Zip Code **33073**

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, ~~of~~ 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 **FELIPE TORREALBA/PRESIDENT** 07/28/97
 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	TORREALBA, FELIPE	
STREET ADDRESS	2760 W. ATLANTIC BLVD., SUITE 3	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PIETRI, LUIS	
STREET ADDRESS	2760 W. ATLANTIC BLVD., SUITE 3	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PIETRI, LUIS	
STREET ADDRESS	2760 W. ATLANTIC BLVD., SUITE 3	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TORREALBA, FELIPE	
1.3 STREET ADDRESS	2724 W. ATLANTIC BLVD.	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PIETRI, LUIS	
2.3 STREET ADDRESS	2724 W. ATLANTIC BLVD.	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PIETRI, LUIS	
3.3 STREET ADDRESS	2724 W. ATLANTIC BLVD.	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 **FELIPE TORREALBA/PRESIDENT** 07/28/97 (650)984 1966

CR2E034 (4/97)