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PROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 MAY 20 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000042745**

1. Corporation Name
INTERFACE CARIOCA COMPUTERS CORP.

Principal Place of Business	Mailing Address
7925 N.W. 12TH STREET SUITE 324 MIAMI FL 33126	7925 N.W. 12TH STREET SUITE 324 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7925 NW 12 Street	2a. Mailing Address 26 7925 NW 12 Street
Suite, Apt. #, etc. 22 318	Suite, Apt. #, etc. 27 318
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33126 25 USA	Zip / Country 29 33126 30 USA

3. Date Incorporated or Qualifed
05/12/1998

4. FEI Number
65-0834727 [ ] Applied For [ ] Not Applicable

5. Certifcate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

TEIXEIRA, PEDRO C
7925 N.W. 12TH STREET
SUITE 324
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 7925 NW 12 Street

83 Suite 318

84 City MIAMI FL 85 Zip Code 33126

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] DATE 5/18/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	TEIXEIRA, PEDRO C		12 NAME	
STREET ADDRESS	7925 N.W. 12TH STREET		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		14 CITY-ST-ZIP	
TITLE		[ ] DELETE	21 TITLE	DIRECTOR [ ] Change [X] Addition
NAME			22 NAME	ECIO C SILVA
STREET ADDRESS			23 STREET ADDRESS	378 MAIN ST. STE. # 220
CITY-ST-ZIP			24 CITY-ST-ZIP	WEST HAVEN, CT. 06516
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****150.00 ****150.00

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: [signature] 5/18/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)