


05141999-90006-069-\$150.00-\$150.00 * 05141999-90006-070-\$8.75-\$8.75

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90006 069 ***150.00
05-14-1999 90006 070 *****8.75

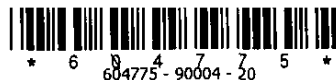
PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000075937 ✓

1. Corporation Name
MICROHARD SYSTEMS & EQUIPMENT, INC.

Principal Place of Business
10803 GLEN COVE APT 106
ORLANDO FL 32817

Mailing Address
10803 GLEN COVE APT 106
ORLANDO FL 32817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 CCS 4420-4440 NW 73 Rd Suite, Apt. #, etc.		2a. Mailing Address 26 CCS 4420-4440 NW 73 Rd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/28/1998	
22 City & State MIAMI, FL 3		27 City & State MIAMI, FLORIDA		4. FEI Number 59-3530735	
23 Zip 33166		28 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 33166		25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 33166		27 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent FINOL, MONICA N 10803 GLEN COVE APT 106 ORLANDO FL 32817				10. Name and Address of New Registered Agent	
				81 Name MONICA FINOL	
				82 Street Address (P.O. Box Number is Not Acceptable) CCS 44204440 NORTH WEST	
				83 73 Rd	
				84 City MIAMI FL 85 Zip Code 33166	

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 27 - 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONICA FINOL	1.2 NAME	
STREET ADDRESS	CCS 4420-4440 NW 73 Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	1.4 CITY-ST-ZIP	
TITLE	VICEPRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE CAMARA	2.2 NAME	
STREET ADDRESS	CCS 4420-4440 NW 73 Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27-99 (407) 226 0217
Date Daytime Phone #

CR2E034 (11/98)