
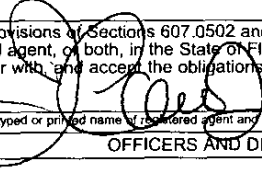


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90051 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V33922 1. Corporation Name ARS COMPUTERS, INC.					
Principal Place of Business 7480B 52 ST MIAMI FL 33166 US			Mailing Address 74803 NW 52 ST MIAMI FL 33166 US		
2. Principal Place of Business 21 7480-B NW 52nd ST Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33166 Country 25 US		2a. Mailing Address 26 7480-B NW 52nd ST Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33166 Country 30 US		3. Date Incorporated or Qualified 05/01/1992 4. FEI Number 65-0332991 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 Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent COREY, JOE 8000 NW 31TH ST BAY 17 MIAMI FL 33122			10. Name and Address of New Registered Agent 81 Name Corey Joe 82 Street Address (P.O. Box Number is Not Acceptable) 1162A SW 142 PL 83 84 City MIAMI FL 85 Zip Code 33186		
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  DATE 3.10.99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COREY, JOE		1.2 NAME		
STREET ADDRESS	74803 NW 52 ST		1.3 STREET ADDRESS	7480-B NW 52nd ST	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACHJECO, L		2.2 NAME	Pacheco, LAURA	
STREET ADDRESS	7480B NW 52 ST		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		

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.10.99

Date

305 591153

Daytime Phone #

CR2E034 (11/98)