

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200001482052  
05/10/95 -01014 -018  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000054424  
1. Corporation Name  
**NETCOM GROUP INC.**

Principal Place of Business Mailing Address  
**4646 NW 97th Pl.  
MIAMI, FL 33178** **SAME**

2. Principal Place of Business	2a. Mailing Address
21. <b>SAME ABOVE</b>	26. <b>---</b>
22. Suite, Apt #, etc	27. Suite, Apt #, etc
23. City & State	28. City & State
24. City	25. County
29. City	30. County

3. Date Incorporated or Qualified <b>7/10/95</b>	3a. Date of Last Report <b>---</b>
4. FEI Number <b>65-051123</b>	Applied For <input type="checkbox"/> 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 Fees
6. This corporation has liability for franchise tax under s. 199.02, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**JOSE MAIRENA**

10. Name and Address of New Registered Agent

81. Name <b>JOSE MAIRENA</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>14001 SW 10ST</b>
83. <b>---</b>
84. City <b>Miami</b>
85. Zip Code <b>FL 33184</b>

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 **JOSE MAIRENA (PRESIDENT)** **4/20/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>JOSE MAIRENA, PRESIDENT,</b>
NAME	<b>---</b>
STREET ADDRESS	<b>14001 SW 10ST</b>
CITY, ST, ZIP	<b>MIAMI FL 33184</b>
TITLE	<b>---</b>
NAME	<b>---</b>
STREET ADDRESS	<b>---</b>
CITY, ST, ZIP	<b>---</b>
TITLE	<b>---</b>
NAME	<b>---</b>
STREET ADDRESS	<b>---</b>
CITY, ST, ZIP	<b>---</b>
TITLE	<b>---</b>
NAME	<b>---</b>
STREET ADDRESS	<b>---</b>
CITY, ST, ZIP	<b>---</b>
TITLE	<b>---</b>
NAME	<b>---</b>
STREET ADDRESS	<b>---</b>
CITY, ST, ZIP	<b>---</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information submitted as the 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 the 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: **JOSE MAIRENA** **4/20/95** **305 541-7369**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR