

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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000054424 (4)**

1. Corporation Name
NETCOM GROUP, INC.



Principal Place of Business 7370 N.W. 36 ST. SUITE 215 MIAMI FL 33166	Mailing Address 7370 N.W. 36 ST. SUITE 215 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9600 N.W. 25 ST.		2a. Mailing Address 26 9600 N.W. 25 ST.		3. Date Incorporated or Qualified 07/22/1994	
Suite, Apt. #, etc. 22 Suite 5C		Suite, Apt. #, etc. 27 Suite 5C		4. FEI Number 65-0511223	
City & State 23 MIAMI, FL		City & State 28 MIAMI, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33172		Zip 29 33172		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAIRENA, JOSE 7070 N.W. 36 ST. SUITE 215 MIAMI FL 33166				10. Name and Address of New Registered Agent			
				81 Name JOSE MAIRENA			
				82 Street Address (P.O. Box Number is Not Acceptable) 9600 N.W. 25 Street Suite 5C			
				83			
				84 City MIAMI		85 Zip Code 33172	

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** DATE **1-8-98**
Signature, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIRENA, JOSE 7070 N.W. 36 ST. SUITE 215 MIAMI FL 33166 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD JOSE MAIRENA 9600 N.W. 25 ST. suite 5C MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Jose Mairena **PRESIDENT** DATE **1-8-98** 305-591-7369
Signature and typed or printed name of signing officer or director. Daytime Phone # 0234035

CR2E034 (10/97)