


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90009 034 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000049484
 1. Corporation Name
NEXTECOM CORP.



Principal Place of Business 1101 BRICKELL AVENUE SUITE 200 MIAMI FL 33131	Mailing Address 1101 BRICKELL AVENUE SUITE 200 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1160 NW 159 Drive Suite, Apt. #, etc. 22 City & State 23 Miami, Florida Zip 24 33169	2a. Mailing Address 26 1160 NW 159 Drive Suite, Apt. #, etc. 27 City & State 28 Miami, Florida Zip 29 Miami	Country 25 Dade Country 30 Dade
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3. Date incorporated or Qualified 06/05/1997	4. FEI Number 65-0758167	Applied For 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	
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

DICKEY, JAMES
 1101 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Dickey, James	82 Street Address (P.O. Box Number is Not Acceptable) 1160 NW 159 Drive	83	84 City Miami	85 State FL	86 Zip Code 33169
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME ESQUENAZI, JOEL	<input type="checkbox"/> DELETE
STREET ADDRESS 1101 BRICKELL AVENUE	CITY-ST-ZIP MIAMI FL 33131	
TITLE SD	NAME RODRIGUEZ, CARLOS A	<input type="checkbox"/> DELETE
STREET ADDRESS 1101 BRICKELL AVENUE	CITY-ST-ZIP MIAMI FL 33131	
TITLE T	NAME LANGLE, DAVID	<input type="checkbox"/> DELETE
STREET ADDRESS 1101 BRICKELL AVENUE	CITY-ST-ZIP MIAMI FL 33131	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Esquenazi, Joel	
1.3 STREET ADDRESS 1160 NW 159 Drive	
1.4 CITY-ST-ZIP Miami, FL 33169	
2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Rodriguez, Carlos A.	
2.3 STREET ADDRESS 1160 NW 159 Drive	
2.4 CITY-ST-ZIP Miami, FL 33169	
3.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Langle, David	
3.3 STREET ADDRESS 1160 NW 159 Drive	
3.4 CITY-ST-ZIP Miami, FL 33169	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: DAVID LANGLE 9/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)