FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **854525** **(3)**

1. Corporation Name

LATCOM, INC.

Principal Place of Business

9200 DADELAND BLVD. SUITE 309
MIAMI FL 33156-9703

Mailing Address

9200 DADELAND BLVD. SUITE 309
MIAMI FL 33156-9703

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **10/27/1982**

3a. Date of Last Report: **03/13/1995**

4. FEI Number: **04-2725849** Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JANSEN, MICHEAL S., ESQ.
9200 S. DADELAND BLVD., SUITE 309
MIAMI FL 33156-9703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of its registered office and the name of its registered agent are as shown on this report. By the corporation's acceptance of the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Registered Agent Date

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	WILL, THOMAS E	
STREET ADDRESS	9200 S DADELAND BLVD 309	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	WILL, THOMAS E	
STREET ADDRESS	9200 S DADELAND BLVD 309	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	MCGOVERN, PATRICK	
STREET ADDRESS	FIVE SPEEN STREET	
CITY, ST, ZIP	FRAMINGHAM, MA 00000	
TITLE	D	☐ DELETE
NAME	HALL, MITCH	
STREET ADDRESS	6 WILDEWOOD DR	
CITY, ST, ZIP	MEDFIELD, MA 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report or amendment, including any documents not submitted in the computer format in Section 119.07(5)(a), Florida Statutes, I further certify that the information contained 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 is added in Block 13 per instructions.

SIGNATURE: Thomas C. Will 3/23/96

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

CR2E034 (12/95)