

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90264 002 ***150.00
08-30-1999 90005 021 ***550.00

DOCUMENT # F96000004204

1. Corporation Name

FIRSTCOM HOLDINGS, INC.

Principal Place of Business

2600 DOUGLAS RD
501
CORAL GABLES FL 33134
US

Mailing Address

2600 DOUGLAS RD
501
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1996

4. FEI Number

87-0464860

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 owes the current year
Intangible Personal Property.

Yes No

2. Principal Place of Business

21 220 ALHAMBRA CIR.

2a. Mailing Address

26 220 ALHAMBRA CIR.

Suite, Apt. #, etc.

22 910

Suite, Apt. #, etc.

27 910

City & State

23 CORAL GABLES, FL

City & State

28 CORAL GABLES, FL

Zip

24 33134

Country

25 US

Zip

29 33134

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO

NAME NORTHLAND, PATRICIO E.

STREET ADDRESS 2600 DOUGLAS RD, STE 501

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D

NAME CARGILL, GEORGE

STREET ADDRESS ELIODORO YANEZ, 2238

CITY-ST-ZIP SANTIAGO, CHILE

TITLE CFO

NAME GEILO, DOUGLAS G II

STREET ADDRESS 2600 DOUGLAS RD, STE 501

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D

NAME KLEINMAN, DAVID

STREET ADDRESS 10425 S HAMILTON

CITY-ST-ZIP CHICAGO IL 60643

TITLE D

NAME HULSH, ANDREW

STREET ADDRESS 2600 DOUGLAS ROAD, STE 501

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NORTHLAND, PATRICIO E.
220 ALHAMBRA CIRCLE #910
CORAL GABLES, FL 33134

220 ALHAMBRA CIRCLE #910

220 ALHAMBRA CIRCLE #910

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 in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-24-99 305-448-4422

CR2E034 (5/99)