

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
Mar 10, 1999 8:00 am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F96000004204

1. Corporation Name
 FIRSTCOM HOLDINGS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2600 DOUGLAS RD 2600 DOUGLAS RD
 501 501
 CORAL GABLES FL 33134 CORAL GABLES FL 33134
 US US

3. Date Incorporated or Qualified
 08/16/1996

2. Principal Place of Business #910 2a. Mailing Address
 21 220 ALHAMBRA CIR. 26 220 ALHAMBRA CIR.

4. FEI Number Applied For
 87-0464860 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 910 27 910

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State
 23 CORAL GABLES, FL 28 CORAL GABLES, FL

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

Zip Country Zip Country
 24 33134 25 US 29 33134 30 US

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTHLAND, PATRICIO	1.2 NAME	NORTHLAND, PATRICIO
STREET ADDRESS	2600 DOUGLAS RD, STE 501	1.3 STREET ADDRESS	220 ALHAMBRA CIRCLE #910
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARGILL, GEORGE	2.2 NAME	
STREET ADDRESS	ELIODORO YANEZ, 2238	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTIAGO, CHILE	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEILO, DOUGLAS G II	3.2 NAME	
STREET ADDRESS	2600 DOUGLAS RD, STE 501	3.3 STREET ADDRESS	220 ALHAMBRA CIRCLE #910
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINMAN, DAVID	4.2 NAME	
STREET ADDRESS	10425 S HAMILTON	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60643	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULSH, ANDREW	5.2 NAME	
STREET ADDRESS	2600 DOUGLAS ROAD, STE 501	5.3 STREET ADDRESS	220 ALHAMBRA CIRCLE #910
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 unchanged, or on an attachment with an address.

SIGNATURE: _____ 8-24-99 305-448-4422
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)