

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 # K19082 (2)  
1. Corporation Name  
SPANCOM, INC.



Principal Place of Business  
1150 N.W. 72ND AVENUE  
SUITE 760  
MIAMI FL 33126

Mailing Address  
1150 N.W. 72ND AVENUE  
SUITE 760  
MIAMI FL 33126

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

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

3. Date Incorporated or Qualified 03/23/1988  
3a. Date of Last Report 08/24/1995  
4. FEI Number 65-0065547  
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

10. Name and Address of New Registered Agent

SAIZARBITORIA, INAKI  
1001 S. BAYSHORE DR., SUITE 2410  
MIAMI FL 33131

81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
1492 S. MIAMI AVE.  
SUITE 203  
83 City MIAMI  
84 FL  
85 Zip Code 33130

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

*Inaki Saizarbitoria*  
Signature, typed or printed name of registered agent, if applicable

INAKI SAIZARBITORIA

4/29/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DE CARDENAS, JORGE  
STREET ADDRESS 1150 NW 72ND AVE #760  
CITY-ST-ZIP MIAMI FL 33126

TITLE VP  
NAME FARINAS, IRENE  
STREET ADDRESS 1159 N.W. 72 AVE. STE. 760  
CITY-ST-ZIP MIAMI FL 33126

TITLE BSD  
NAME SAIZARBITORIA, INAKI  
STREET ADDRESS 1001 S. BAYSHORE DR. STE. 2410  
CITY-ST-ZIP MIAMI FL 33131

TITLE VP  
NAME BENCIE, JOHN  
STREET ADDRESS 1150 N.W. 72 AVE. STE. 760  
CITY-ST-ZIP MIAMI FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 1150 N.W. 72 Ave. Suite 760  
2.4 CITY-ST-ZIP Miami, Fl. 33126

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 1492 S. Miami Ave. Suite 203  
3.4 CITY-ST-ZIP Miami, Fl. 33130

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 100001810671  
5.4 CITY-ST-ZIP -05/07/96--01025--031  
\*\*\*200.00

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Inaki Saizarbitoria*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INAKI SAIZARBITORIA  
SEC.

4/29/96

(305) 530-0007

CR2E034 (12/95)