FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # M65011

FUTURCOM, INC.					1 (40) 5 5 11 11 2 6 11 3 1 3 11 11 4 6 15 1	1801 2161 87631 81611 8181	ı Almae didəl deməl eddi
Principal Place of Business Mailing Address					**************************************	1881 (1881 B)	I BIBLI BEBLI BIBLI ERBE
104 S CRAUDON BLVD 104 S CRANDON BLVD						• 1	
424 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149					DO NOT WRITE IN THIS SPACE		
US US			+3		3. Date incorporated or Qualifed		<u>-</u>
					01/19/1988		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	· .	Applied For
21		26			65-0210039		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1	75 Additional
City & Star	to	City & State					ee Required
23	ie	28			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Co	untry	This corporation owes the curr		
24	25	29	30	,	Personal Property Tax.	Yes	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New I	Registered Agent	
NAT.	HOMAL PROJECTEDED ACENTO IN	do.		81 Name			
NATIONAL REGISTERED AGENTS INC. 501 BRICKELL KEY DRIVE				82 Street Addre	ess (P.O. Box Number is Not Accepta	able)	
SUITE 200							9 3 2 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MIAMI FL 33131				83			
37117	MI 1 L 00 10 1			84 City	y = t P _k	85	Zip Code
11 Dureuant	to the provisions of Sections 607.050	12 and 607 1508 Florida Sta	tutoe tha	hove pamed corp	oration submits this statement for the	FL Surpose of changing	a its registered
office or r	registered agent, or both, in the State	of Florida. Such change was	s authorize	d by the corporation	n's board of directors. I hereby accep	pt the appointment	as registered
1	im familiar with, and accept the obliga	mons or, Section 607.0505, i	-iorida Stai	iutes.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	OTE: Registere	d Agent signature required	when reinstating)	DATE	•
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
TITLE	DPT	☐ DELETE	1.1 T	ITLE	£	☐ Cha	ange
NAME	SOLER, FRANCISCO R (F	•	12 N	AME			
STREET ADDRESS			1.3 S	TREET ADDRESS		•	
CITY-ST-ZIP	KEY BISCAYNE FL	O per ere		ITY-ST-ZIP			
TITLE	DVS SOLED ANA DICAZA	☐ DELETE	2.1 T			☐ Cha	ange
NAME	SOLER, ANA PICAZA		2.2 N	j			
STREET ADDRESS	120 BUTTONWOOD KEY BISCAYNE FL			TREET ADORESS			
CITY-ST-ZIP TITLE	RET DISCATINE PL	☐ DELETE	2.4 C	CITY-ST-ZIP		· Cha	ange Addition
NAME			3.1 H				inge 🔲 Addition
STREET ADDRESS	€5.6 + 3						
CITY-ST-ZIP				TREET ADDRESS CITY-ST-ZIP			The second second
TITLE		☐ DELETE	4,1 T			∵ Ch;	ange TAddition
NAME		_	4.21			,	ange () [-] Addition
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP			1	ITY-ST-ZIP	•		
TITLE		☐ DELETE	5.1 TI			☐ Cha	ange Addition
NAME			5.2 N	AME	+	-	
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP	•		•

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

FRANK SOLER

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90035 017 ***150.00

Change

☐ Addition