

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 # **M90431** (1)

1. Corporation Name

WESCOM ENTERPRISES, INC.



Principal Place of Business

**1489 S UNIVERSITY DR
PLANTATION FL 33324**

Mailing Address

**1489 S UNIVERSITY DR
PLANTATION FL 33324**

3. Date Incorporated or Qualified
07/01/1988

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FCI Number

65-0063903

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

24

Country

29

Country

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

**ESTEBAN, WIFREDO
3900 NW 79TH AVE., #532
MIAMI FL 33166**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1489 S University Dr

83

84 City **Plantation**

FL

85 Zip Code **33324**

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]

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **OP**
ESTEBAN, WIFREDO
STREET ADDRESS **4800 NW 102ND AVE #204**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **DVT**
SMOYER, LAUREN
STREET ADDRESS **4800 NW 102 AVENUE #204**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **S**
SMOYER, LAUREN
STREET ADDRESS **4800 NW 102 AVE #204**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

**601 NW 67 Ave
Plantation FL 33327**

2.1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

**601 NW 67 Ave
Plantation FL 33327**

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

same as above

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 954-723-0701

Date

Telephone

CR2E034 (12/95)