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 # **P93000079666 (2)**

1. Corporation Name

MYCOM ACC., INC.

Principal Place of Business	Mailing Address
3900 NW 79TH AVE. STE. ~~570~~ 235 MIAMI FL 33166 US	3900 NW 79TH AVE. STE. 570 MIAMI FL 33166 US

2. Principal Place of Business	2a. Mailing Address
21 3900 NW 79 AVE	26 3900 N.W. 79 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 235	27 Suite 235
City & State	City & State
23 MIAMI FL	28 MIAMI - FL.
Zip / Country	Zip / Country
24 33166 / 25 DADE	29 33166 / 30 DADE

3. Date Incorporated or Qualified: 11/18/1993

3a. Date of Last Report: 04/10/1995

4. FEI Number: 65-0455089 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~THE PRENTICE HALL CORPORATION SYSTEM, INC.~~
~~1201 HAYS STREET~~
~~SUITE 105~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: AMADO GARCIA
82 Street Address (P.O. Box Number is Not Acceptable): 9500 S DADELAND Blvd.
83 Suite 705
84 City: MIAMI FL 85 Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] DATE: 4/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIBAMOTO, JINICHI ~~8810 SW 123RD COURT #202~~ ~~MIAMI FL 33186~~ ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP Shibamoto, Jinichi 3900 NW 79 AVE. MIAMI - FL 33166 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	400001797984 -04/29/96--01024--008 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

4-29-96

CR2E034 (12/95)

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)(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.

SIGNATURE: [signature] JINICHI SHIBAMOTO 04.10.96 305-477-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #