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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000011471 (7)

MACROCOM, INC. Principal Place of Business Mailing Address 999 PONCE DE LEON 999 PONCE DE LEON SUITE 715 SUITE 715 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3. Date Incorporated or Qualified 02/10/1994 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0467576 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PADIAL, JOSE I 999 PONCE DE LEON 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 715** 83 **CORAL GABLES FL 33134** 84 City 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, typical or printed name of regeltered agent and title diapper able (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change NAME PADIAL, JOSE I 1.2 NAME STREET ADDRESS 999 PONCE DE LEON # 715 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE TITLE 21 THTLE ☐ Change ☐ Addition 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5 1 TITLE 5.2 NAME NAME **5 3 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 5.4 City-St-ZiP DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

14. Thereby 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 symptemental 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 received or trustge emphyored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on in after higher 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 of the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or this annual report is true.

SIGNATURE:

CRZE034 (

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**FILED** 

Feb 11 1998 8:00am

Secretary of State