FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 12 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022470 (6)**

1. Corporation Name
GUCOM, INC.

Principal Place of Business	Mailing Address
STE. 202, 1428 BRICKELL AVE. MIAMI FL 33131	STE. 202, 1428 BRICKELL AVE. MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/21/1994**
3a. Date of Last Report:

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: County 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: County 30:

4. FEI Number [redacted] ☑ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERLIT CORPORATE SERVICES, INC.
STE. 202, 1428 BRICKELL AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 848 Brickell Avenue
83: Suite 304
84 City: Miami **FL** 85 Zip Code: 33131

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: _____ DATE
(Signature, should be printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☐ Addition
NAME	GRANGER, RAYNOLDO G	12 NAME	REYNALDO GUBBINS G.	
STREET ADDRESS	SAN MARTIN 864, 7TH FLOOR	13 STREET ADDRESS	SAN MARTIN 864, 7TH. FLOOR	
CITY ST ZIP	MIAFLORES, LIMA, PERU	14 CITY ST ZIP	MIRAFLORES, LIMA, PERU	
TITLE	D	21 TITLE	D	☐ Change ☐ Addition
NAME	GRANGER, EDUARDO G	22 NAME	EDUARDO GUBBINS G.	
STREET ADDRESS	SAN MARTIN 864, 7TH FLOOR	23 STREET ADDRESS	SAN MARTIN 864, 7TH. FLOOR	
CITY ST ZIP	MIAFLORES, LIMA, PERU	24 CITY ST ZIP	MIRAFLORES, LIMA, PERU	
TITLE	D	31 TITLE	D	☐ Change ☐ Addition
NAME	COM LIU, RAVAEL	32 NAME	RAFAEL COMLIU	
STREET ADDRESS	SAN MARTIN 864, 7TH FLOOR	33 STREET ADDRESS	SAN MARTIN 864, 7th FLOOR	
CITY ST ZIP	MIAFLORES, LIMA, PERU	34 CITY ST ZIP	MIRAFLORES, LIMA, PERU	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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, added or deleted.

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

01/01/90 CF