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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:50

DOCUMENT # **P94000026091 (6)**

1. Corporation Name
APRICOM AMERICA, INC.

Principal Place of Business	Mailing Address
[illegible]	[illegible]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:

21	2. Principal Place of Business: 6501 Park of Commerce Blvd.	26	2a. Mailing Address: 6501 Park of Commerce Blvd
22	Suite, Apt. #, etc.: Suite 140	27	Suite, Apt. #, etc.: Suite 140
23	City & State: Boca Raton, Fl	28	City & State: Boca Raton, Fl
24	Zip: 33487	25	County: USA
29	Zip: 33487	30	County: USA

4. FEI Number: 65-0477677 ☐ 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

HERNANDEZ, ADOLFO
[illegible]

10. Name and Address of New Registered Agent

81 Name: Adolfo J. Hernandez
82 Street Address (P.O. Box Number is Not Acceptable): 6501 Park of Commerce Blvd
83: Suite 140
84 City: Boca Raton **FL** 85 Zip Code: 33487

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: Adolfo J. Hernandez — Feb/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	11 TITLE	President ☐ Change ☐ Addition
NAME	HERNANDEZ, ADOLFO	12 NAME	Adolfo J. Hernandez
STREET ADDRESS	[illegible]	13 STREET ADDRESS	6501 Park of Commerce Blvd s-140
CITY-ST-ZIP	[illegible]	14 CITY-ST-ZIP	Boca Raton, Fl 33487
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
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)(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: _____ Feb/28/95 407-9984242
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

000471 CP