DOCUMENT # P94000036110 1. Entity Name TELECOMP CORPORATION					FILED Jun 14, 2000 8:00 am Secretary of State 06-14-2000 90005 031 ***150.00		
Principal Place of Business 5880 COLLINS AVE. SUITE 403 MIAMI BEACH FL 33140		Mailing Address 5880 COLLINS AVE. SUITE 403 MIAMI BEACH FL 33140-2204			D00:01	C IIII An anna ann ann an an an	
2. Principal Place of Business J310 Nofth Day Rd Suite, Apt. #, etc.		3. Mailing Address J310 North Bay Rd Suite, Apt. #, etc.		<u>a</u>	DO NOT WRITE IN THIS SPACE		
City & State Beach, FL Zip Country		City & State Miani Beach Fi Zip Country			FEI Number 65-0497521	No	plied For t Applicable
3314	6. Name and Address of Current R	33140			Certificate of Status Desired	Fee Required	
GAGLIANE, BRUNO C 5880 COLLINS AVE. #403 MIAMI BEACH FL 33140			Street A	Bror		liani- d	
SIGNATURE	named entity submits this statement for the statement of the statement of the statement of the statement and statement and registered about and orration is eligible to satisfy its Intangible equirement and elects to do so.	d title if applicable. (NOTE	registered office o 100 (101 Registered Agent signal I! FEE IS \$150. 00 Fee will be \$	1 ture required when r 00 550.00	ent, or both, in the State of Floric		0 May Be to Fees
11.	OFFICERS AND D	-	12.		DDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Gagliani, Bruno C 5880 Collins ave. #403 Miami Beach Fl	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5310 Miam	North Bay Rd Beach, FL	33140	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VALENCA, PAULO F 5880 COLLINS AVE. #403 MIAMI BEACH FL 33140	🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5310	North Bay Rd Li Beach, FL	3314-0	
TITLE NAME STREET ADORESS CITY - ST - ZIP	<u></u>	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
13. I hereby of indicated of the corchanged,	certify that the information supplied with t on this report or supplemental report is t poration or the receive or trustee empoy , or on an attachment with an address with FURE:	rue and accurate and that n vered to execute this report th all other like empowered.	the exemption stary signature shall as required by Ch	apter 607, Flor	ida Statutes; and that my name a	in: that I am an ollicer	or unector in

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