SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000052088 (9)**

1. Corporation Name

EXECOM, INC.

Principal Place of Business	Mailing Address
~~800 W AVE. 517~~ ~~MIAMI BEACH FL 33140~~ 1020 N.W. 163rd Drive Miami, FL 33169	~~800 W AVE. 517~~ ~~MIAMI BEACH FL 33140~~ 1020 NW 163rd Drive Miami, FL 33169

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report: 05/11/1995
4. FEI Number: 65-0534389 (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

2. Principal Place of Business	2a. Mailing Address
21 1020 N.W. 163 Drive	26 1020 N.W 163 Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State: Miami, FL
24 Zip: 33169 25 Country: USA	29 Zip: 33169 30 Country: USA

9. Name and Address of Current Registered Agent

~~ABRAMS, JENNIFER~~
~~800 W AVE, 517~~
~~MIAMI BEACH FL 33140~~

Richard Cahan
Becker & Poliakoff
5201 Blue Lagoon Dr.
Suite 100
Miami FL 33126

10. Name and Address of New Registered Agent

81 Name: Richard Cahan/~~Becker~~ Poliakoff
82 Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon, Suite 100
83
84 City: Miami FL 85 Zip Code: 33126

11. Pursuant to the provisions of Section 607.0505 and/or 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: [signature] DATE: 6/26/96

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	DUBLINO, ANTHONY	
STREET ADDRESS	800 W AVE, 517	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	V	☒ DELETE
NAME	ABRAMS, JENNIFER	
STREET ADDRESS	800 W AVE, 517	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE	CHAIRMAN	
1.2 NAME	Elmer Hurwitz	
1.3 STREET ADDRESS	194 Golden Beach	
1.4 CITY-ST-ZIP	Golden Beach, FL 33160	☒ Change ☐ Addition
2.1 TITLE	President	
2.2 NAME	Robert Hurwitz	
2.3 STREET ADDRESS	20938 N.E. 37th Avenue	
2.4 CITY-ST-ZIP	North Miami Beach, FL 33180	☐ Change ☒ Addition
3.1 TITLE	Exec. V.P.	
3.2 NAME	Joan Neptune	
3.3 STREET ADDRESS	850 SW 87th Terrace	
3.4 CITY-ST-ZIP	Plantation, FL 33324	☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan Neptune 06/19/96 305-621-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0150463 FP