FILE NOW! FILING FEE AFTER MAY 1 IS $ ...

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 18 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057267 (4)

1. Corporation Name
MASTERCOM INTERNATIONAL CORP.

Principal Place of Business
7270 NW 12TH ST SUITE 700
MIAMI FL 33126-1929

Mailing Address
7270 NW 12TH ST SUITE 700
MIAMI FL 33126-1929

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7270 N.W. 12th St.	26 7270 N.W. 12th St.
Suite, Apt. #, etc. 22 Suite 340	Suite, Apt. #, etc. 27 Suite 340
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33126-1928 Country 25	Zip 29 33126-1928 Country 30

4. FEI Number: 65-0512579 — 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

DEL VALLE, MANUEL R
7270 NW 12TH ST SUITE 700
MIAMI FL 33126-1929

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) 7270 N.W. 12th St.
83 Suite 340
84 City Miami FL 85 Zip Code 33126-1928

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 [signature] 7-12-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BENALCAZAR, OSCAR M
STREET ADDRESS	AVENIDA AREQUIPA 3908
CITY-ST-ZIP	MIRAFLORES LIMA PERU
TITLE	DT
NAME	BENALCAZAR, JUAN M
STREET ADDRESS	AVENIDA AREQUIPA 3908
CITY-ST-ZIP	MIRAFLORES LIMA PERU
TITLE	DS
NAME	MONASI, ELBA M
STREET ADDRESS	AVENIDA AREQUIPA 3908
CITY-ST-ZIP	MIRAFLORES LIMA PERU
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: [signature] Oscar M. Benalcazar May 5, 95 (305) 477-2234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102010 CP