Mar 02, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400057696

1. Corporation Name

INTERCOM NETWORK, INC.

Sugar,	क पूर्व अभिनेत			•				
Principal Place		Mailing Address		•	i intigines test inter ments marte marte marte a)#### #### 18### ####	0 (0):0 4:01 :Eat	
1150 NW 72 AVE		1150 NW 72 AVE						
SUITE 455		SUITE 455		DO NOT WRITE IN THIS SPACE				
MIAMI FL 33126		MIAMI FL 33126						
US		US			3. Date Incorporated or Qualifed	•		
					08/04/1994		applied For	
Principal Place of Business Address Mailing Address					4. FEI Number		Not Applicable	
21		26			65-0524827	\$8.75 Additional		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	–		5. Certifcate of Status Desired		Additional Required	
22		27						
City & State	•	City & State		6. Election Campaign Financing	,	May Be		
23		28			Trust Fund Contribution		to Fees	
Zip	Country	h	Country		8. This corporation owes the current year	ir Intangible ☐ Yes	□No	
24	25	29 30			Personal Property Tax.			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
, ,	IOOT IODOE		81	Name				
POINCOT, JORGE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	0 S.W. 88TH LANE	•	83		, <u>.</u>			
STE. 101					or state of	3 6 4 6 7		
MIAMI FL 33186 /			84 City					
The second secon				•	<u></u>	FL., , "		
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 appear the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered acept	and title if applicable. (NOTE: Regi:	stered Agent s	signature requirer	d when reinstating) DAT	[' ' 	—— i	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change		
NAME	POINCOT, JORGE		1.2 NAME	}			}	
STREET ADDRESS			1.3 STREET A	ADDRESS				
CITY-ST-ZIP			1.4 CITY-ST-	ZIP Î				
TITLE			2.1 TITLE	VI		Change	Addition	
NAME	PONCE, EFREN C	• •	2.2 NAME	آع ا	DWIN S. CRITZ III		10"35	
STREET ADDRESS	13240 SW 88TH LANE, STE. 10		2.3 STREET A	ADDRESS 4	BBI E. BAY HARBE	ir dr.	NO SE	
	MIAMI FL 33186	•	2. 4 CFTY-ST-	1 40 4	11AM, FL, 33154	ŀ		
CITY-ST-ZIP TITLE	STD STD		3.1 TITLE	-		Change	Addition	
-	* :-		3.2 NAME		•		Į	
NAME	POINCOT, BEATRIZ		3.3 STREET A	*000000			1	
STREET ADORESS	13240 SW 88TH LANE, STE. 10	8						
CITY-ST-ZIP	MIAMI FL 33186	+	3.4. CITY-ST- 4.1 TITLE	·21P		Change	e	
TITLE		-						
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET A					
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			Addition	
TITLE	•	_	5.1 TITLE			☐ Change	e 🗌 Addition	
NAME	,		5.2 NAME					

CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with the indicated on this annual report or supplemental an officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attachman

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

Change

Addition