FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000067410 (8)**

1. Corporation Name
WIPECOM, INC.

Principal Place of Business
848 BRICKELL AVE SUITE 630
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0519741 [ ] 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
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 848 BRICKELL AVENUE
Suite, Apt #, etc.
27 Suite #630
City & State
28 Miami, Florida
Zip 29 33131 Country 30 U.S.A.

9. **Name and Address of Current Registered Agent**

SLOSBERGAS, NELSON
520 BRICKELL KEY DR
SUITE 0-305
MIAMI FL 33131

10. **Name and Address of New Registered Agent**

81 Name MORRISSEY, EDNA P.
82 Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVENUE
83 Suite #630
84 City Miami, FL 85 Zip Code 33131

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 Edna P. Morrissey (EDNA P. MORRISSEY) 3/1/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[X] DELETE
NAME	MUNIZ, MARIA LETICIA A	
STREET ADDRESS	848 BRICKELL AVE SUITE 630	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	[ ] DELETE
NAME	BARRETO, WILSON JOSE M	
STREET ADDRESS	848 BRICKELL AVE SUITE 630	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	[ ] DELETE
NAME	MUNIZ, PEDRO EMANUEL B	
STREET ADDRESS	848 BRICKELL AVE. #630	
CITY-ST-ZIP	MIAMI FL 33131	
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

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	DVP	[X] Change [ ] Addition
2 NAME	BARRETO, WILSON JOSE M	
2 STREET ADDRESS	848 Brickell Avenue , Suite 630	
2 CITY-ST-ZIP	Miami, Florida 33131	
3 TITLE	DP	[X] Change [ ] Addition
3 NAME	MUNIZ, PEDRO EMANUEL B	
3 STREET ADDRESS	848 Brickell Avenue, Suite 630	
3 CITY-ST-ZIP	Miami, FLorida 33131	
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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] (Vice-President) 3/18/96 (305) 373-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILSON BARRETO