FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
848 BRICKELL AVENUE
SUITE 630
MIAMI FL 33131-2915
US

3. Date Incorporated or Qualified: **09/14/1994**
3a. Date of Last Report: **03/21/1996**

2. Principal Place of Business
21 **1850 SW 8TH STREET**
Suite, Apt. #, etc.
22 **SUITE 204_- A**
City & State
23 **MIAMI FLORIDA**
Zip 24 **33135** Country 25 **USA**

2a. Mailing Address
26 **18050 SW 8TH STREET**
Suite, Apt. #, etc.
27 **204-A**
City & State
28 **MIAMI FLORIDA**
Zip 29 **33135** Country 30 **USA**

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

9. Name and Address of Current Registered Agent
MORRISSEY, EDNA P
1850 SW 8TH STREET
SUITE 204-A
MIAMI FL 33135

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (Required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	MUNIZ, MARIA LETICIA A	1.2 NAME	MUNIZ, MARIA LETICIA A.
STREET ADDRESS	~~848 BRICKELL AVE. SUITE 630~~	1.3 STREET ADDRESS	1850 SW 8TH ST. SUITE 204-A
CITY-ST-ZIP	~~MIAMI FL 33131~~	1.4 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	DVP ☐ DELETE	2.1 TITLE	DVP ☒ Change ☐ Addition
NAME	BARRETO, WILSON JOSE M	2.2 NAME	BARRETO, WILSON JOSE M.
STREET ADDRESS	848 BRICKELL AVENUE SUITE 630	2.3 STREET ADDRESS	1850 SW 8TH ST. SUITE 204-A
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	DP ☐ DELETE	3.1 TITLE	DP ☒ Change ☐ Addition
NAME	MUNIZ, PERDO EMANUEL	3.2 NAME	MUNIZ, PEDRO EMANUEL
STREET ADDRESS	848 BRICKELL AVENUE SUITE 630	3.3 STREET ADDRESS	1850 SW 8TH ST. SUITE 204-A
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL33135
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 a director or officer 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: MARIA LETICIA A. MUNIZ (DP) 03/17/97 (305)649-7474
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170245