FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
1313 PONCE DE LEON BLVD
SUITE #300
CORAL GABLES, FL. 33134

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/14/1994

2. Principal Place of Business
21 1313 PONCE DE LEON BLVD
Suite, Apt. #, etc.
22 SUITE #300
City & State
23 CORAL GABLES, FL.
Zip 24 33134 Country 25 USA

2a. Mailing Address
26 1313 PONCE DE LEON BLVD
Suite, Apt. #, etc.
27 SUITE #300
City & State
28 CORAL GABLES, FL.
Zip 29 33134 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORRISEY, EDNA P
1850 SW 8th STREET
SUITE 204-A
MIAMI, FL. 33135

10. Name and Address of New Registered Agent

81 Name
M.L.RIVERO & ASSOCIATES INC C/O MANUEL RIVERO
82 Street Address (P.O. Box Number is Not Acceptable)
1313 PONCE DE LEON BLVD SUITE #300
83
84 City
CORAL GABLES
FL
85 Zip Code
33134

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	11 TITLE	☐ Change ☐ Add
NAME	MUNIZ, MARIA LETICIA A.	12 NAME	
STREET ADDRESS	1313 PONCE DE LEON BLD STE #300	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	14 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	21 TITLE	☐ Change ☐ Add
NAME	BARRETO, WILSON JOSE M.	22 NAME	
STREET ADDRESS	1313 PONCE DE LEON BLD STE #300	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	24 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	31 TITLE	☐ Change ☐ Add
NAME	MUNIZ, PEDRO EMANUEL	32 NAME	
STREET ADDRESS	1313 PONCE DE LEON BLVD STE #300	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, DL. 33134	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Add
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I hereby 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 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 Blocks 12 or 13 above, or on an attachment with an address.

SIGNATURE: _____ 4/1/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFFICER

CR2E034 (10/97)