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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P94000085194 (6)

BERCOM, CORP.

FILED Apr 29 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | E LOUINGUE LLO HONN GLON GOUN BONN DENN GOIDE ENDE HIBID HINL BINN BINN BINN BINN BINN BINN BINN B | /BI 1841 |
|--|--|---|---|--|-------------|
| 8335 S.W. 72ND AVE. 8335 S.W. 72ND AVE. | | | | | |
| #118-D #118-D | | | | DO NOT WOLTE IN THE OR OF | |
| MIAMI FL 33143 MIAMI FL 33143 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | |
| | | | • | 11/22/1994 | |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | | | ed For |
| 21 | | 26 | | 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | pplicable |
| | | Suite, Apt. #, etc. | **** | ¢0 75 | |
| | | 27 | | 5. Certificate of Status Desired Fee Requi | |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 Ma | ıv Be |
| 23 | | 28 | | Trust Fund Contribution Added to F | |
| Zip | Country | 7 ip | Country | 8. This corporation owes or has paid the current year Intang | |
| 24 25 29 9. Name and Address of Current Registered Agent | | | [30] | Personal Property Tax due June 30. Yes No. Name and Address of New Registered Agent | ю |
| PCO | INDOAGUE, CARMEN | arrent registered Agent | 81 Name | | |
| | 5 S.W. 72ND AVE. | | | | |
| #118-D | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | |
| | MI FL 33143 | | 83 | | |
| | | | | | |
| | | | 84 City | FL 85 Zip Cod | ie |
| 11. Pursuant to | the provisions of Sections 60 | 7.0502 and 607.1508, Florida Statut | es, the above-named | cornoration submits this statement for the purpose of changing its re | aistered |
| office or re- | gistered agent, or both, in the to I familiar with land accept the c | State of Florida, Such change was abbuquitors of Section 607,0505, Fi | authorized by the corp orida Statutes | poration's board of directors. I hereby accept the appointment as reg | istered |
| SIGNATURE | The state of the s | armganoris or, cooker, cor toods, re- | onou blatules. | | |
| SIGNATURE | Ignature: typed or printed name of register | ed agent and tille if applicable (NOT | E Registered Agent signature | e required when reinstaling) DATE | |
| 12. | | S AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | N 12 |
| TITLE | PD CARLES OF BARRES | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ | Addition |
| NAME BERINDOAGUE, CARMEN A STREET ADDRESS 8335 S.W. 72ND AVE. #118-D | | | 1.2 NAME | | |
| STREET ADDRESS | MIAMI FL 33143 | 118-U | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33143 | T or our | 1.4 CITY~ST-ZIP | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | [_] Change | _ Addition |
| NAME STREET ADDRESS | | | 2.2 NAME | | |
| | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 2. 4 CITY-\$T-ZIP 3.1 TITLE | Change | Addition |
| NAME | | - Vittle | 3.2 NAME | | _ PAGILIQII |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | 1 |
| TITLE | | DELETE | 4.1 TITLE | ☐ Change ☐ | Addition |
| NAME | | | 4. 2 NAME | _ , _ | - I |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | , | |
| TITLE | | ☐ DELETE | 51 TITLE | Change _ | Addition |
| NAME | | | 5.2 NAME | | ĺ |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZHP | <u> </u> | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETÉ | 6.1 TITLE | Change C | Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | | | 6.4 CITY - ST- ZIP | | |

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 annual report or supplemental arrival 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:

4/23/98

(305)669-0523