


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90039 044 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000085194**

1. Corporation Name
BERCOM, CORP.

Principal Place of Business 8335 S.W. 72ND AVE. #118-D MIAMI FL 33143	Mailing Address 8335 S.W. 72ND AVE. #118-D MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1994

4. FEI Number

65-0535286

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 6964 NW 50 ST	26 6964 NW 50 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 LA-390	27 LA-390
City & State	City & State
23 Miami, FL	28 Miami, FL
Zip Country	Zip Country
24 33166 USA	29 33166 USA

9. Name and Address of Current Registered Agent

**BERINDOAGUE, CARMEN
8335 S.W. 72ND AVE.
#118-D
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name	HUGO BERINDOAGUE
82 Street Address (P.O. Box Number is Not Acceptable)	6964 NW 50 ST.
83	Suite LA-390
84 City	Miami
85 Zip Code	FL 33166

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 *H. Berindoague*
Signature, typed or printed name of registered agent and title if applicable.

HUGO BERINDOAGUE

4/29/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERINDOAGUE, CARMEN A	1.2 NAME	Berindoague, Hugo
STREET ADDRESS	8335 S.W. 72ND AVE. #118-D	1.3 STREET ADDRESS	6964 NW 50 ST. Ste. LA-390
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	Miami, FL. 33166
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

H. Berindoague
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 (305) 773-2220

CR2E034 (11/98)