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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 13 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016086

1. Corporation Name

DAVOCOM ONE, INC.

Principal Place of Business	Mailing Address
1790 CORAL WAY SUITE 100 MIAMI, FLORIDA 33145	1790 CORAL WAY SUITE 100 MIAMI, FLORIDA 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: FEBRUARY 24, 1995
4. FEI Number: 65-0558435 — [ ] 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 16501 N.W. 16 COURT	26 16501 N.W. 16 COURT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33169 Country 25	Zip 29 33169 Country 30

9. Name and Address of Current Registered Agent

RODRIGUEZ, LUIS F.
1790 CORAL WAY
SUITE 100
MIAPMI, FLORIDA 33134

10. Name and Address of New Registered Agent

81 Name: RODRIGUEZ, LUIS F.
82 Street Address (P.O. Box Number is Not Acceptable): 16501 N.W. 16 COURT
83
84 City: MIAMI FL 85 Zip Code: 33169

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 Luis Rodriguez
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RODRIGUEZ, LUIS F. 1790 CORAL WAY, STE. 100 MIAMI, FLORIDA 33145	[ ] DELETE	 16501 N.W. 16 COURT MIAMI, FLORIDA 33169	X Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KAUFMAN, JOHN 1790 CORAL WAY, STE. 100 MIAMI, FLORIDA 33145	[X] DELETE	V SUAREZ, AMANCIO J. 16501 N.W. 16 COURT MIAMI, FLORIDA 33169	[ ] Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PENA, JESUS 1790 CORAL WAY, STE. 100 MIAMI, FLORIDA 33145	[ ] DELETE	 16501 N.W. 16 COURT MIAMI, FLORIDA 33169	X Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	C SUAREZ, AMANCIO V. 16501 N.W. 16 COURT MIAMI, FLORIDA 33169	[ ] Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE		[ ] Change [ ] Addition

200002879532--6
-05/19/99--01048--024
****150.00 ****150.00

CR2E034 (4/98)

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: Luis Rodriguez (305) 854-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #