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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000037937 (6)**

1. Corporation Name

VERCOM CORPORATION

Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131	601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131

3. Date Incorporated or Qualified: **05/12/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21 **8323 Lake Drive M406**
22 Suite, Apt. #, etc.
23 City & State: **Miami, Fl**
24 Zip: **33166** 25 Country: **USA**

2a. Mailing Address
26 **8323 Lake Drive M406**
27 Suite, Apt. #, etc.
28 City & State: **Miami, Fl**
29 Zip: **33166** 30 Country: **USA**

4. FEI Number: **65-0651691** ☐ 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

DE LA PENA, LEONCIO
601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: **Joseph m. Filloy C.P.A.,P.A.**
82 Street Address (P.O. Box Number is Not Acceptable): **100 N. Biscayne Blvd**
83 **Suite 700**
84 City: **Miami,** **FL** 85 Zip Code: **33132**

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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: *Joseph m. Filloy* DATE: **4/30/96.**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	**President** **Roberto Petrich** **8323 Lake Drive M406** **Miami, Fl 33166** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	**Vice President** **Luis Veiga** **8323 Lake Drive M406** **Miami, Fl 33166** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	**Secretary** **Diego Petrich** **8323 Lake Drive M406** **Miami, Fl 33166** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do 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 added, or an attachment with an address.

SIGNATURE: ROBERTO PETRICH 6-7-96 (305)592 1088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)