

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000050659 (8)**

1. Corporation Name  
**NETCOM INTERNATIONAL CORP.**



Principal Place of Business: **1810 N.E. 144TH STREET NORTH MIAMI FL 33181**  
Mailing Address: **1810 N.E. 144TH STREET NORTH MIAMI FL 33181**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>06/28/1995</b>	
4. FEI Number	Applied For
<b>65-0596134</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STEIN, SLAV 1810 N.E. 144TH STREET NORTH MIAMI FL 33181</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>STEIN, SLAV</b>			12 NAME			
STREET ADDRESS	<b>1810 N.E. 144TH ST.</b>			13 STREET ADDRESS			
CITY-STATE-ZIP	<b>MIAMI FL 33181</b>			14 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>ELKIN, GREGORY</b>			22 NAME			
STREET ADDRESS	<b>1810 N.E. 144TH ST.</b>			23 STREET ADDRESS			
CITY-STATE-ZIP	<b>MIAMI FL 33181</b>			24 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>BRISKIN, ROMAN</b>			32 NAME			
STREET ADDRESS	<b>1810 N.E. 144TH ST.</b>			33 STREET ADDRESS			
CITY-STATE-ZIP	<b>MIAMI FL 33181</b>			34 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-STATE-ZIP				44 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-STATE-ZIP				54 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-STATE-ZIP				64 CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **ROMAN BRISKIN** *Roman Briskin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)