FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000066755 (6)**

1. Corporation Name

COMMUNICAMERICA CORP.

Principal Place of Business	Mailing Address
3615 NE 167TH ST SUITE 304 N MIAMI BEACH FL 33160	3615 NE 167TH ST SUITE 304 N MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 08/28/1995

3a. Date of Last Report:

2. Principal Place of Business
21 17051 NE 35 AVE
Suite, Apt. #, etc.
22 210
City & State
23 NORTH MIAMI BCH
Zip 24 33160 Country 25 USA

2a. Mailing Address
26 PO BOX 611715
Suite, Apt. #, etc.
27
City & State
28 MIAMI
Zip 29 33261 Country 30 USA

4. FEI Number: 65-0612636 ☐ 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

FURTADO, PEDRO
3615 NE 167TH ST
SUITE 304
N MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: FURTADO, PEDRO
82 Street Address (P.O. Box Number is Not Acceptable): 17051 NE 35 AVE
83: # 210
84 City: N. MIAMI BCH FL 85 Zip Code: 33160

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: Signature, type or print name of registered agent, and title if applicable. DATE: Registered Agent signature required when reinstating. DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FURTADO, PEDRO		1.2 NAME	FURTADO, PEDRO	
STREET ADDRESS	3615 NE 167TH ST SUITE 304		1.3 STREET ADDRESS	17051 NE 35 AVE, SUITE 210	
CITY-ST-ZIP	N MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MESA, FANNY		2.2 NAME	MESA, FANNY	
STREET ADDRESS	3615 NE 167TH ST SUITE 304		2.3 STREET ADDRESS	17051 NE 35 AVE, SUITE 210	
CITY-ST-ZIP	N MIAMI BEACH FL 33160		2.4 CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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)(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.

SIGNATURE: P. Furtado 3/30/96 (305) 919-8763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

PEDRO FURTADO