

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000069475 (8)**

1. Corporation Name

**MAZCOM CORPORATION**

Principal Place of Business

1948 N.W. 82ND AVENUE  
MIAMI FL 33126

Mailing Address

1948 N.W. 82ND AVENUE  
MIAMI FL 33126

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

OLIVEIRA, MARCO  
1948 N.W. 82ND AVENUE  
MIAMI FL 33126

81 Name

**Marcelo D. Fernandez**

82 Street Address (P.O. Box Number is Not Acceptable)

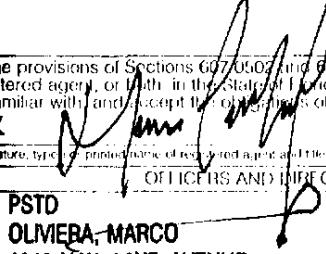
**1948 N.W. 82ND AVENUE**

83 City

**Miami - FL.**

85 Zip Code  
**33126**

11. Pursuant to the provisions of Sections 607.0602 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 requirements of, Section 607.0605, Florida Statutes.

SIGNATURE 

Signature, type or photographic of registered agent and title, if applicable

(NG1) Registered Agent signature required when reinstating)

DATE  
**4-10-98**

12. OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

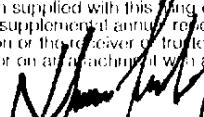
TITLE **PSTD**  
NAME **OLIVEIRA, MARCO**  
STREET ADDRESS **1948 N.W. 82ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33126**

**PSTD**  
**MARCELO D. FERNANDEZ**  
**1948 N.W. 82ND AVENUE**  
**MIAMI - FL. 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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.

SIGNATURE: 

**4-10-98 (205) 718-8488**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/05/1995**

4. FEI Number

**65-0607302**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

**\$5.00** May Be

Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

CR2E034 (10/97)