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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Societies at Oct.

	1996		DF CORPORATIONS		
1. Corpora	UMENT # P95 LICOM, INC.	000097982 (9			
				Î ÎBRÎNERÎ ÎN TÊMA BIND REND ARIN E	
1	ace of Business	Mailing Address			EN BRIE WIN HER END IN HER IN HER
8404 SOUTHWEST 103 AVENUE MIAMI FL 33173		8404 SOUTHWEST 103 AVENUE MIAMI FL 33173			
20:				3. Date incorporated or Qualified 12/29/1995	3a. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable
22		27) Stille, Apt. #, etc.		5. Certificate of Status Desired	\$9.75
City & Sta	ate	City & State			Fee Required
Zip	Country	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
24	25	Zip 29	Country	8. This corporation has liability for in	Added to Fees
	9. Name and Address of (Current Registered Agent	<u> </u>	TIONOS STRUTES [Yes	MNO
			81 Name	10. Name and Address of New Re	
THE LAW FIRM OF LAWRENCE I SPIEGEL CHIPTO				VILLIAM D. MC	DOUGALD
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Add	dress (P.O. Bax Number is Not Acceptable	AVE
CÔUME (UNDLES FL 33134		83	104 3.00: 103	AVE.
i			84 City		
11. Pursuant	to the provisions of Sections 607	0502 and 607 1509 Classic Co.		MIAMI	FI 85 Zip Code
or registe familiar w	ered agent, or both, in the State of	Florida. Such change was authorize	es, the above named corpored by the corporation's boa	MIAMI oration submits this statement for the purporard of directors. Thereby accept the appoin	ose of changing its registered office
SIGNATURE	Druck on	Section 50, 0505, Florida Statutes			itment as registered agent. I ani
12,	Signature, typod or printed carne of registere	Feed and tale if application WILL	The Flegistered Agent signature require	UGALD 4-	29-96
TITLE	PSTD OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE
NAME	MCDOUGALD, WILLIAM D	DELETE	1. 1 TITLE		Change Addition
STREET ADDRESS	8404 SOUTHWEST 103 A	VENIE	1.2 NAME		C Onlarge
CITY-ST-ZIP	MIAMI FL 33173	TENOL	1.3 STREET ADDRESS		
TITLE		[] DELETE	2 1 TILLE		
NAME		4 3	22 NAME		☐ Change ☐ Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			24 CITY - ST - ZIP		
NAME		DELETE	3 1 TITLE		Change
STREET ADDRESS			3.2 NAME		Change Addition
CITY-ST-ZIP			3.3. STREET ADDRESS		ļ
TIFLE		[] DELETE	3 4 CITY-SI-ZIP		
IAME			4 1 TITLE 4.2 NAME	-	☐ Cnange ☐ Addition
TREET ADDRESS			4.3 STREET ADDRESS		
ITY-ST-ZIP		·=···	4.4 CITY-ST-ZIP	400001840 05/28/9601021	0214
AME		[] DELETE	5 1 TITLE		003
TREET ADDRESS			5.2 NAME	***200.00	Change Addition
ITY-ST-ZIP			5.3 STREET ADDRESS		1
TLE		DELETE	5 4 CITY - ST - 7IP		
AME		Clouding	6 1 TrillE		Chan : A dition
REET ADDRESS			6 2 NAME 6 3 STREET ADDRESS		chili-
TY-ST-ZIP	cortife that all				71/102
certify that the	ceruity that the information supplie he information indicated on this ar	ed with this filing is voluntarily furnish	ed and does not qualify for	the exemption stated in Section 119 07/2	<i>OC</i>

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WMC ON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MCDOUGALD 4-29-96 (307)270-9684

3R2E034 (19/0E)