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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000047540 (5)**

1. Corporation Name
LUXCOM, INC.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126	5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126-7003

3. Date Incorporated or Qualified: **06/05/1996** | 3a. Date of Last Report:

4. FEI Number: **65-0678087** | [ ] 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

2. Principal Place of Business	2a. Mailing Address
21 3021 W. 76 Street	26 3021 W. 76 Street
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23 Hialeah, Florida	City & State 28 Hialeah, Florida
Zip / County 24 33018 / 25 USA	Zip / County 29 33018 / 30 USA

9. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Numbers Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Section 607.0502, 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICER/DIRECTOR

TITLE	D	[ ] DELETE
NAME	GARCIA, CARLOS M	
STREET ADDRESS	5200 BLUE LAGOON DR. SUITE 700	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	[X] Change [ ] Addition
12 NAME	GARCIA, CARLOS M.	
13 STREET ADDRESS	3021 W. 76 Street, Suite 101	
14 CITY-ST-ZIP	Hialeah, Florida 33018	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (9/96)

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 report or supplemental attachment 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 to the report.

Signature: _____ Date: 3/2/97 Phone: 824-9933