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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000056421 (6)

1. Corporation Name

LUXCOM I, INC.

Principal Place of Business

5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

Mailing Address

5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126-7003

2. Principal Place of Business

21 3021 W. 76th Street

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Hialeah, Florida

Zip

24 33018

Country

25 USA

2a. Mailing Address

26 3021 W. 76th Street

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Hialeah, Florida

Zip

29 33018

Country

30 USA

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Section 607.06(2)(a) and 607.06(5), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 provisions of Section 607.06(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Officer

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME GARCA, CARLOS M
STREET ADDRESS 5200 BLUE LAGOON DRIVE SUITE 700
CITY-ST-ZIP MIAMI FL 33126

TITLE D
NAME BARBARA, OSCAR
STREET ADDRESS 5200 BLUE LAGOON DRIVE SUITE 700
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GARCIA, CARLOS M.
STREET ADDRESS 3021 W. 76th Street, Suite 101
CITY-ST-ZIP Hialeah, Florida 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3)(b), Florida Statutes. I further certify that the information included on this annual report, for example, is true and accurate, and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation and I hereby agree to be held responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. Change of name shall be made with an address.

CR2E034 (9/96)