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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071058 (7)

WINCOM INC.

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Busines	SS .	Mailing Address				147 DE 10 18801 11011 BOIDI BILDI 1811 1891
3067 LILLIAN LAME MARGATE FL 33063		2875 NE 191ST STREET STE 605 AVENTURA FL 33180		DO NOT WRITE	E IN THIS SPACE	
					3. Date incorporated or Qualified 08/23/1996	
2. Principal Place of Busi	ness	2a. Mailing Address			4. FEI Number	Applied For
27 3067 LILLI		26 3067 LILL	iAN 1	ANE	65-0697993	Not Applicable
Suite, Apt. #, etc.	MY Y O I V	Suite, Apt. #, etc.	<u> </u>	.,,		\$8.75 Additional
22		27 .			5. Certificate of Status Desired	Fee Required
City & State	 1	City & State			6. Election Campaign Financing	\$5.00 May Be
23 MARGATE	<u> </u>	28 MARGATE	FL		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	•	8. This corporation owes or has pa	
24 33063	25 USA	29 33063	30 US	S FI	Personal Property Tax due June	
	and Address of Current	10. Name and Address of New Re	gistered Agent			
BOUTCHICHE, HASSAN				Name		
2875 NE 191ST STREET STE 605			Ē	Street Add	dress (P.O. Box Number is Not Acceptable)	
AVENTURA FI	L 33180			33		
				,3		
·			3	34 City		FL 85 Zip Code
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 opligations of Section 607.0505, Florida Statutes.						
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of appointed agricult and talle if applicable: (NOTE Registered Agent signature required when reinstating) DATE						
12.	OF FICERS AND		13.	-gent signature redor	ADDITIONS/CHANGES TO OFFIC	
TITLE P		DELETE	1.1 TOL	E		☐ Change ☐ Addition
NAME BOUTC	HICHE, JASSAN		1.2 NAM	IE		
	LLIAN LANE		1.3 STRI	EET ADDRESS		
	TE FL 33063			-ST-ZIP		
TITLE		☐ DELE te	2.1 TITL			Change Addition
NAME			2.2 NAM	E		
STREET ADDRESS			2.3 STR	EET ADDRESS		
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP		
TITLE		DELETE	3.1 TITU	E		Change Addition
NAME			3.2 NAM	E .		
STREET ADDRESS			3.3 STR	ET ADDRESS		
CITY-ST-ZIP			3.4. CIT	r-ST-ZIP		
TITLE		☐ DELET E	4.1 TITL	E	•	Change Addition
NAME			4. 2 NAN	ME		
STREET ADDRESS			4.3 STRE	EET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL	E		Change
NAME			5.2 NAM	E		1101172 I
STREET ADDRESS			5.3 STRE	ET ADDRESS		1110100
CITY-ST-ZIP		····· • • • • • • • • • • • • • • • • •	_	-S1-ZIP		10-1
TITLE		☐ DELETE	6.1 TITL	E	ومان والمان والمان والمان والمان والمان والمان	Change Addition
NAME			6.2 NAM		40000243 -02/24/380100	(한 15 cm 44 000 8 8
STREET ADDRESS			6.3 STRE	ET ADDRESS		350 58
CITY - CT - 7(D			64 DITY	- CT - 7/P	***150.80]

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.