**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
**1997**

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

DOCUMENT # P96000091260

1. Corporation Name

THE MAXCOM GROUP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 540 BRICKELL KEY DRIVE<br>UNIT 1100<br>MIAMI, FLORIDA 33131 | 540 BRICKELL KEY DRIVE<br>UNIT 1100<br>MIAMI, FLORIDA 33131 |

3. Date Incorporated or Qualified: 11/6/96
3a. Date of Last Report: 11/6/96

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0707214 ☐ 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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address
83
84 City — FL — 85 Zip Code

CARLOS J. ARBOLEYA, JR. ESQ.
2550 SOUTH DIXIE HIGHWAY
COCONUT GROVE, FLORIDA 33133
(305) 856-0076 (305) 856-9161 FAX

11. Pursuant to the provisions of Section 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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ Carlos J. Arboleya, Jr., Esq. Registered Agent 7/15/97
Signature, typed or printed name of Registered Agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>LEONEL MARTINEZ, JR. | ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | PRESIDENT<br>ROLANDO PEREZ<br>540 BRICKELL KEY DRIVE UNIT 1100<br>MIAMI, FLORIDA 33131 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>ROLANDO PEREZ<br>540 BRICKELL KEY DRIVE UNIT 1100<br>MIAMI, FLORIDA 33131 | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>ROLANDO PEREZ<br>540 BRICKELL KEY DRIVE UNIT 1100<br>MIAMI, FLORIDA 33131 | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | 400002250544--13<br>-07/29/97--01060--013<br>****165.00 ****165.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2EO34 (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 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 added above or on an attachment with an address.

**SIGNATURE:** _____ ROLANDO PEREZ 5/21/97 (305)373-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number