

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

0270420

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000008698

1. Corporation Name
PHICOM, INC.

Principal Place of Business

1925 BRICKELL AVE.
SUITE D-206
MIAMI FL 33129
US

Mailing Address

1925 BRICKELL AVE.
SUITE D-206
MIAMI FL 33129
US

2. Principal Place of Business

21 1380 W. FLAGLER ST
Suite, Apt. #, etc.

22 City & State
23 MIAMI FL

24 Zip 33135 25 Country US

2a. Mailing Address

26 1380 W. FLAGLER ST
Suite, Apt. #, etc.

27 City & State
28 MIAMI, FL

29 Zip 33135 30 Country US

9. Name and Address of Current Registered Agent

BESU, ROGER ESQ.
1925 BRICKELL AVE.
SUITE D-206
MIAMI FL 33129

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 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when changing agent.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME ALVIO, DOMINGUEZ
STREET ADDRESS 1370 W. FLAGLER ST.
CITY-ST-ZIP MIAMI FL 33135 [] DELETE

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

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PSD
12 NAME ALVIO DOMINGUEZ
13 STREET ADDRESS 1380 W. FLAGLER ST
14 CITY-ST-ZIP MIAMI, FL 33135 [] Change [] Addition

21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP [] Change [] Addition
31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP [] Change [] Addition
41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP [] Change [] Addition
51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP [] Change [] Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVIO DOMINGUEZ

3-15-99

Date

305-642-2638

Employee Phone #

APR 16 1999
9:36 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1997

4. FET Number

65-0723016

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 owes the current year Intangible
Personal Property Tax

[] Yes [X] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)