

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 28 1998 8:00am
Secretary of State

DOCUMENT # P97000051280 (0)

1. Corporation Name
SISLACOM CORPORATION



Principal Place of Business

151 MAJORCA AVE
SUITE C
CORAL GABLES FL 33134

Mailing Address

151 MAJORCA AVE
SUITE C
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	250 East Palm Drive	26	250 East Palm Drive
Suite, Apt. #, etc		Suite, Apt. #, etc	
22	Suite 255	27	Suite 255
City & State		City & State	
23	Florida City, FL	28	Florida City, FL
Zip		Zip	
24	33034	29	33034
Country		Country	
25	USA	30	USA

3. Date Incorporated or Qualified	
06/09/1997	
4. FEI Number	Applied For
65-0760580	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 or has paid the current year Intangible Personal Property Tax due June 30.	
☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJORCA AVE
SUITE C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FUENTES-NACARINO, VICTOR C	1.2 NAME	
STREET ADDRESS	151 MAJORCA AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, JAIRO	2.2 NAME	
STREET ADDRESS	151 MAJORCA AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 address.

SIGNATURE:

[Signature]

04/20/98

CR2E034 (10/97)