COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90012 010 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P97000051280

Corporation Name
SISLACOM CORPORATION

Principal Place of Business	Mailing Address
E PALM DR 255 IDA CITY FL 33034	250 E PALM DR STE 255 FLORIDA CITY FL 33034 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business 250 E. PALM DRIVE	2a. Mailing Address 26 250 E. PALM DRIVE	3. Date Incorporated or Qualified 06/09/1997	
Suite, Apt. #, etc. 270	Suite, Apt. #, etc. 27 270	4. FEI Number 65-0760580	Applied For Not Applicable
		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State FLORIDA CITY, FL 33034	City & State 28 FLORIDA CITY, FL 33034	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 33034 Country 25 USA	Zip 29 33034 Country 30 USA	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	XXX

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: PRATS,GABRIEL
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2121 PONCE DE LEON BLV. #240
84 City: CORAL GABLES FL 85 Zip Code: 33134

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.

NATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D ☐ DELETE FUENTES-NACARINO, VICTOR C T ADDRESS 151 MAJORCA AVE T-ZIP CORAL GABLES FL 33134	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	XX ☐ Change ☐ Addition 2121 PONCE DE LEON SUITE 240 CORAL GABLES, FL 33134
D ☐ DELETE LOPEZ, JAIRO T ADDRESS 151 MAJORCA AVE T-ZIP CORAL GABLES FL 33134	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	XXX ☐ Change ☐ Addition 2121 PONCE DE LEON BLV. SUITE 240 CORAL GABLES , FL 33134
☐ DELETE T ADDRESS T-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE T ADDRESS T-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE T ADDRESS T-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE T ADDRESS T-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED 07-07-99 305-242-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #