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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90097 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000052166

1. Corporation Name
PHARCOM, INC.



Principal Place of Business 915 MIDDLE RIVER DRIVE SUITE 321 FORT LAUDERDALE FL 33304	Mailing Address 915 MIDDLE RIVER DRIVE SUITE 321 FORT LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7000 ISLAND BLVD Suite, Apt. #, etc. 22 SUITE 212 City & State 23 AURORA FL Zip 24 33160	2a. Mailing Address 26 7000 ISLAND BLVD. Suite, Apt. #, etc. 27 SUITE 212 City & State 28 AURORA FL Zip 29 33160	Country 25 U.S.A. 30 U.S.A.
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3. Date Incorporated or Qualified 06/12/1997	4. FEI Number 65-0764634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JACKSON, WILLIAM L
6251 NORTH DIXIE HWY
SUITE A
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name JACKSON WILLIAM L.	85 Zip Code 33308
82 Street Address (P.O. Box Number is Not Acceptable) 83 3081 EAST COMMERCIAL BLVD. S-103	
84 City FORT LAUDERDALE FL	

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 _____ DATE 4/8/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PS	<input type="checkbox"/> DELETE
NAME ARANA, JOSE L	
STREET ADDRESS 915 MIDDLE RIVER DRIVE SUITE 321	
CITY-ST-ZIP FORT LAUDERDALE FL 33304	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> DELETE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ARANA JOSE L.	
1.3 STREET ADDRESS 7000 ISLAND BLVD. SUITE 212	
1.4 CITY-ST-ZIP AURORA FLORIDA 33160	
2.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 	
2.3 STREET ADDRESS 	
2.4 CITY-ST-ZIP 	
3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME 	
3.3 STREET ADDRESS 	
3.4 CITY-ST-ZIP 	
4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME 	
4.3 STREET ADDRESS 	
4.4 CITY-ST-ZIP 	
5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME 	
5.3 STREET ADDRESS 	
5.4 CITY-ST-ZIP 	
6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 	
6.3 STREET ADDRESS 	
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 an address, with all other like empowered.

SIGNATURE: _____ DATE 4/8/99 DAYTIME PHONE # 305-933-8352

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR