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

FILED May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000055223 (6) DOCUMENT # CITICOM, INC. Principal Place of Business Mailing Address 3609 SW 22 ST. 3609 SW 22 ST. FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1997 4. FEI Number 65-076 796 2. Principal Place of Business Mailing Address Applied For 965 N. NOO HELL ROAD 21 Not Applicable Suite, Apt. #, etc. suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WEINSTEIN, SARA J 3609 SW 22 ST. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33312 83 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE WEINSTEIN, SARA J GERRY NAME 1.2 NAME 3609 3609 SW 22 ST. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33312 FL 33312 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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.

S 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

54 CITY-ST-ZIP

___ Addition

Addition

Change

DELETE

DELETE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Slava & Weinstein SARA I WEINSTEIN 954-321-6990