

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000078268 (4)

1. Corporation Name

GLOBICOM COMMUNICATIONS CORPORATION



Principal Place of Business

%MORAITIS & COFAR  
915 MIDDLE RIVER DRIVE STE. 506  
FORT LAUDERDALE FL 33304

Mailing Address

%MORAITIS & COFAR  
915 MIDDLE RIVER DRIVE STE. 506  
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1997

4. FEI Number

~~APPLIED FOR~~ 65-0817079

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

MORAITIS, GEORGE R  
915 MIDDLE RIVER DRIVE  
SUITE 506  
FORT LAUDERDALE FL 33308

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

TITLE ☐ DELETE

NAME MEJIA, NICOLAS  
STREET ADDRESS 5100 N. OCEAN BLVD. APT. 1410  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME GOMEZ, ANDRES  
STREET ADDRESS 5100 N. OCEAN BLVD. APT. 1410  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME NICHOLLS, CALIXTO  
STREET ADDRESS 5100 N. OCEAN BLVD. APT. 1410  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME MEJIA, NICOLAS  
1.3 STREET ADDRESS 5100 N. Ocean Blvd., #1410  
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME GOMEZ, ANDRES  
2.3 STREET ADDRESS 5100 N. Ocean Boulevard, #1410  
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33308

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME NICHOLLS, CALIXTO  
3.3 STREET ADDRESS 5100 N. Ocean Blvd., #1410  
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33308

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME S  
4.3 STREET ADDRESS CHIOSSONE, ANABELLA  
4.4 CITY-ST-ZIP 5100 N. Ocean Blvd., #1410  
Fort Lauderdale, FL 33308

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

*[Signature]*

NICOLAS DESIR 1/27/98 954-946-5195

CF2E034 (10/97)