

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

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthahn</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000092461 (7)**  
 1. Corporation Name  
**TOTALCOM AMERICA CORPORATION**

Principal Place of Business <b>6175 NW 167TH STREET                  SUITE G-34                  MIAMI FL 33015</b>	Mailing Address <b>6175 NW 167TH STREET                  SUITE G-34                  MIAMI FL 33015</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25 Country	30 Country

3. Date Incorporated or Qualified <b>10/27/1997</b>	
4. FEI Number <b>65-0794532</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**IZQUIERDO, ANTONIO  
 6175 NW 167TH STREET  
 SUITE G-34  
 MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ALMENARA, ANTONIO BRITO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6175 NW 167TH STREET, SUITE G-34	1.2 NAME	
STREET ADDRESS	MIAMI FL 33015	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV BRITO, ANTONIO E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6175 NW 167TH STREET, SUITE G-34	2.2 NAME	
STREET ADDRESS	MIAMI FL 33015	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS IZQUIERDO, ANTONIO	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6175 NW 167TH STREET, SUITE G-34	3.2 NAME	
STREET ADDRESS	MIAMI FL 33015	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S BRITO, MARIA I	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6175 NW 167TH STREET, SUITE G-34	4.2 NAME	
STREET ADDRESS	MIAMI FL 33015	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DS  
 IZQUIERDO, ANTONIO  
 1571 HARBOUR SIDE DRIVE  
 WESTON FL 33326

S  
 BRITO, MARIA I  
 1571 HARBOUR SIDE DRIVE  
 WESTON FL 33326

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 \_\_\_\_\_ DATE **APR 17 1998** 827.7661

CR2E034 (10/97)