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FILED
Feb 08, 1999 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1999

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

02-08-1999 90052 032 ***150.00

DOCUMENT # P97000092461

1. Corporation Name
TOTALCOM AMERICA CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 6175 NW 167TH STREET, SUITE G-34, MIAMI FL 33015
 Mailing Address: 6175 NW 167TH STREET, SUITE G-34, MIAMI FL 33015

3. Date Incorporated or Qualified: **10/27/1997**

4. FEI Number: **65-0794532** 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 the current year Intangible Personal Property Tax. Yes No

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

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ALMENARA, ANTONIO BRITO	
STREET ADDRESS	6175 NW 167TH STREET, SUITE G-34	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRITO, ANTONIO E	
STREET ADDRESS	6175 NW 167TH STREET, SUITE G-34	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	IZQUIERDO, ANTONIO	
STREET ADDRESS	1571 HARBOUR SIDE DR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRITO, MARIA I	
STREET ADDRESS	1571 HARBOURSIDE DR	
CITY-ST-ZIP	WESTON FL 33326	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: SIGNATURE OF MARIA I. BRITO 1-19-99 (305)557-1018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)