

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P97000092461

1. Entity Name  
**TOTALCOM AMERICA CORPORATION**

**DO NOT WRITE IN THIS SPACE**

93600

2. Principal Place of Business <b>111 NE 1st STREET</b>		3. Mailing Address <b>111 NE 1st STREET</b>	
Suite, Apt. #, etc. <b>900</b>		Suite, Apt. #, etc. <b>900</b>	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip <b>33132</b>	Country <b>USA</b>	Zip <b>33132</b>	Country <b>USA</b>

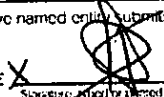
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4. FEI Number <b>65-0794532</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>ALMENARA, ANTONIO BRITO</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>111 NE 1st STREET</b>	
	<b>SUITE 900</b>	
	City <b>MIAMI</b>	Zip Code <b>FL 33132</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>ALMENARA, ANTONIO BRITO</b> <b>111 NE 1st STREET Suite 900</b> <b>MIAMI, FL 33132</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>MOSQUERA, ANTONIO E BRITO</b> <b>111 NE 1ST STREET</b> <b>MIAMI, FLORIDA 33132</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **6-11-02 786-295-7830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR