


FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90015 040 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000017109

1. Corporation Name

VENDCOMM, INC.

Principal Place of Business

8306 MILLS DRIVE
#656
MIAMI FL 33183

Mailing Address

8306 MILLS DRIVE
#656
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

63-0424758☒ 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 Fees8. This corporation owes the current year Intangible
Personal Property Tax.☒ Yes☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

28
Suite, Apt. #, etc.

22. City & State

23
City & State
24 Zip **25** Country

27. City & State

28
City & State
29 Zip **30** Country

9. Name and Address of Current Registered Agent

MORALES, GABRIELA
12410 SW 96 STREET
MIAMI FL 33186

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

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| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DELAROSA, SERGIO M | |
| STREET ADDRESS | 12410 SW 96 STREET | |
| CITY-ST-ZIP | MIAMI FL 33186 | |

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| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DELAROSA, CARMEN | |
| STREET ADDRESS | 830 AMSTERDAM AVE, APT 5B | |
| CITY-ST-ZIP | NEW YORK CITY NY 10025 | |

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| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MORALES, GABRIELA | |
| STREET ADDRESS | 12410 SW 96 STREET | |
| CITY-ST-ZIP | MIAMI FL 33186 | |

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (205) 270-1471

Date

Daytime Phone #

CR2E034 (1/1/98)