

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

04-08-1999 90060 043 \*\*\*150.00

DOCUMENT # P98000055108

1. Corporation Name  
GCOM GROUP, CORP.

Principal Place of Business

5800 NW 111 AVENUE  
MIAMI, FL 33178

Mailing Address

5800 NW 111 AVENUE  
MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1998

4. FEI Number

65-0844314

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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 3900 NW 79 Ave.

Suite, Apt. #, etc.

22 Suite 211

City & State

23 Miami, Fl.

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 3900 NW 79 Ave.

Suite, Apt. #, etc.

27 Suite 211

City & State

28 Miami, Fl.

Zip

29 33166

Country

30 USA

9. Name and Address of Current Registered Agent

MELQUIADES GUZMAN, GERALD M  
5800 NW 111 AVENUE  
MIAMI, FL 33178

10. Name and Address of New Registered Agent

81 Name

MELQUIADES GUZMAN, GERALD M

82 Street Address (P.O. Box Number is Not Acceptable)

3900 NW 79 Ave. Suite 211

83

84 City

Miami

FL

85 Zip Code

33166

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

04/05/99

12. OFFICERS AND DIRECTORS

TITLE PTSD  
NAME MELQUIADES GUZMAN, GERALD  
STREET ADDRESS 5800 NW 111 AVENUE  
CITY-ST-ZIP MIAMI, FL 33178

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/S/D  
1.2 NAME MELQUIADES GUZMAN, GERALD  
1.3 STREET ADDRESS 3900 NW 79 Ave. Suite 211  
1.4 CITY-ST-ZIP Miami, Fl. 33166

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/05/99 (205) 470-2944

0256457

CR2EN34 (11/98)