02241999-90091-024-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

99 MAY 22 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # **P98000060174**

1. Corporation Name
CLASICOM CORP.

Principal Place of Business	Mailing Address
245 SE 1ST STREET SUITE 329 MIAMI FL 33131	245 SE 1ST STREET SUITE 329 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 168 SE 1st St	2a. Mailing Address 25 168 SE 1st St	3. Date Incorporated or Qualified 07/06/1998
Suite, Apt. #, etc. 22 500	Suite, Apt. #, etc 27 500	4. FEI Number 65-0848761 ☐ Applied For ☐ Not Applicable
City & State 23 Miami Fl	City & State 28 Miami Fl	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33131 25 DADE	Zip / Country 29 33131 30 DADE	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

9. Name and Address of Current Registered Agent

BUTENSKY, GUSTAVO
245 SE 1ST STREET
SUITE 329
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: BUTENSKY GUSTAVO
82 Street Address (P.O. Box Number is Not Acceptable): 168 SE 1st St # 500
83 Miami FL 33131
84 City FL 85 Zip Code 33131

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	BUTENSKY, GUSTAVO		1.2 NAME	D BUTENSKY GUSTAVO
STREET ADDRESS	245 SE 1ST STREET STE 329		1.3 STREET ADDRESS	168 SE 1st St # 500
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	Miami FL 33131
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: _____ 1-17-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)