

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

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

04-08-1999 90017 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000108132

1. Corporation Name
FLORACOM, INC.



Principal Place of Business 700 NW 11TH PL APT 3 MIAMI FL 33172	Mailing Address 700 NW 11TH PL APT 3 MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 700 NW 111 PLACE Suite, Apt. #, etc. 22 APT 3 City & State 23 MIAMI FL Zip 24 33172	2a. Mailing Address 26 700 NW 111 PLACE Suite, Apt. #, etc. 27 APT 3 City & State 28 MIAMI FL Zip 29 33172
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3. Date Incorporated or Qualified 12/30/1998	4. FEI Number 65-0887107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent 81 Name ISOLINA GONZALEZ 82 Street Address (P.O. Box Number is Not Acceptable) 700 N.W. 111 PLACE APT 3 83 84 City MIAMI FL 85 Zip Code 33172

11. Pursuant to the provisions of Sections 607.012 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE ☒ Isolina Gonzalez 4/2/99
Signature, type and print name of officer or director and title if applicable. (NOTE: Signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D GONZALEZ, ISOLINA
STREET ADDRESS	700 NW 11TH PL #3
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700 N.W. 111 PLACE APT 3
1.4 CITY-ST-ZIP	MIAMI FL 33172
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 all other like empowered

SIGNATURE: Isolina Gonzalez 4/2/99 305-228-2504
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)