

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S70060** (6)
1. Corporation Name
PROMOCOM OF AMERICA, INC.



Principal Place of Business % SCHECHTER 2121 PONCE DE LEON BLVD. STE. 1100 CORAL GABLES FL 33134	Mailing Address % SCHECHTER 2121 PONCE DE LEON BLVD. STE. 1100 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 3925 COLLINS AVE		2a. Mailing Address 26 Suite, Apt. #, etc. 3925 COLLINS AVE		3. Date Incorporated or Qualified 08/01/1991	
22 City & State MIAMI BEACH, FL.		27 City & State MIAMI BEACH, FL		4. FEI Number 65-0291797	
23 Zip 33140		28 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOMENY, CRISTIANE 3925 COLLINS AVENUE DELETE MIAMI FL 33140				10. Name and Address of New Registered Agent			
81 Name SKOLA, THOMAS J.				82 Street Address (P.O. Box Number is Not Acceptable) 5201 BLUE LAGOON DRIVE # 100			
83				84 City MIAMI			
85 Zip Code FL 33126							

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 *Thomas J. Skola* **Thomas J. Skola** **1/19/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BOMENY, CRISTIANE				1.2 NAME			
STREET ADDRESS 3925 COLLINS AVE				1.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL				1.4 CITY-ST-ZIP MIAMI BEACH - FL - 33140			
TITLE <input checked="" type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME REESE, JOHN				2.2 NAME GRUBER, ANDY			
STREET ADDRESS 3925 COLLINS AVENUE				2.3 STREET ADDRESS 3925 COLLINS AVENUE			
CITY-ST-ZIP MIAMI BE				2.4 CITY-ST-ZIP MIAMI BEACH - FL - 33140			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				3.2 NAME BOMENY, CRISTIANE			
STREET ADDRESS				3.3 STREET ADDRESS 3925 COLLINS AVENUE			
CITY-ST-ZIP				3.4 CITY-ST-ZIP MIAMI BEACH - FL - 33140			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				4.2 NAME GRUBER, ANDY			
STREET ADDRESS				4.3 STREET ADDRESS 3925 COLLINS AVENUE			
CITY-ST-ZIP				4.4 CITY-ST-ZIP MIAMI BEACH - FL - 33140			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Cristiane Bomeny* **CRISTIANE BOMENY 1/11/98 (305) 733-2750**

CR2E034 (10/97)