FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V03190** **(8)**

1. Corporation Name
NEOCOM CORPORATION

Principal Place of Business
9200 S. DADELAND BLVD.
STE 309
MIAMI FL 33156
US

Mailing Address
9200 S DADELAND BLVD
SUITE 309
MIAMI FL 33156

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: 12/31/1991
3a. Date of Last Report: 03/13/1995
4. FEI Number: 65-0323633 [ ] 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 Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
WILL, THOMAS E.
9200 S DADELAND BLVD
SUITE 309
MIAMI FL 33156

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 Section 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	WILL, THOMAS E.	
STREET ADDRESS	14201 SW 75TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	HALLAL, MITCH	
STREET ADDRESS	3 WILDWOOD DR	
CITY-ST-ZIP	MEDFIELD MA	
TITLE	D	[ ] DELETE
NAME	MCGOVERN, PATRICK	
STREET ADDRESS	5 SPEEN ST	
CITY-ST-ZIP	FRAMINGHAM MA	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change	[ ] Addition
1-1 NAME		
1-2 STREET ADDRESS		
1-3 CITY-ST-ZIP		
2 TITLE	[ ] Change	[ ] Addition
2-1 NAME		
2-2 STREET ADDRESS		
2-3 CITY-ST-ZIP		
3 TITLE	[ ] Change	[ ] Addition
3-1 NAME		
3-2 STREET ADDRESS		
3-3 CITY-ST-ZIP		
4 TITLE	[ ] Change	[ ] Addition
4-1 NAME		
4-2 STREET ADDRESS		
4-3 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
5-1 NAME		
5-2 STREET ADDRESS		
5-3 CITY-ST-ZIP		
6 TITLE	[ ] Change	[ ] Addition
6-1 NAME		
6-2 STREET ADDRESS		
6-3 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is accurate and that my signature shall satisfy the requirement prescribed in Section 119.07(5)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental or initial report and any attachment thereto, by signature, shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or other entity required to file this report or the person designated by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the corporate records of the corporation or other entity.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 DATE

305-670-9444 DAYTIME PHONE

CR2E034 (12/95)