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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # V69160 (2)

1. Corporation Name
RICOM SERVICE, INC.

Principal Place of Business	Mailing Address
5625 W. 20TH AVENUE SUITE 401 HIALEAH FL 33012	5301 W. 20 AVENUE SUITE 46 HIALEAH FL 33012-2100 US

2. Principal Place of Business	2a. Mailing Address
21 6991 N.W. 82ND AVENUE	26
Suite, Apt. #, etc. 22 BAY 6	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28
Zip / Country 24 33166 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 10/02/1992
3a. Date of Last Report: 04/19/1996
4. FEI Number: 65-0362924 ☐ 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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
NORIEGA, JOSE R., & JOAQUIN O. HERNANDEZ
5625 W. 20TH AVENUE
SUITE 401
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name: NORIEGA, JOSE R.
82 Street Address (P.O. Box Number is Not Acceptable): 5301 W. 20 AVENUE
83: # 46
84 City: HIALEAH FL 85 Zip Code: 33012-2100

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: JOSE R. NORIEGA, PRESIDENT — JANUARY 15, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when updating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD NORIEGA, JOSE R. 5625 W. 20TH AVENUE HIALEAH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTD/SVD NORIEGA, JOSE R. 5301 W. 20 AVENUE # 46 HIALEAH, FLORIDA 33012-2100	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD HERNANDEZ, JOAQUIN O. 5625 W. 20TH AVENUE HIALEAH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D MARCOS JAQUEZ 7400 W. 20 AVE. APT. 402 HIALEAH, FLORIDA 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: JOSE R. NORIEGA — 1/15/97 — (305) 592-2221