

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K78100 (0)**

1. Corporation Name:
GENERAL PAGING & TELECOMMUNICATIONS COMPANY, INC



Principal Place of Business: **P. O. BOX 2866 HIALEAH FL 33012 US**
Mailing Address: **P. O. BOX 2866 HIALEAH FL 33012 US**

3. Date Incorporated or Qualified: **04/06/1989**
3a. Date of Last Report: **04/27/1995**
4. FFI Number: **65-0256492**
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

2. Principal Place of Business: **21**
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country
2a. Mailing Address: **26**
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent

**CHAVEZ, CARMELINA
516 NW 57 AVE
S207
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81. Name: **JUAN C. CHAVEZ**
82. Street Address (P.O. Box Number is Not Acceptable): **516 NW 57 AVE #207**
83.
84. City: **Miami** FL 85. Zip Code: **33126**

11. Pursuant to the provisions of Sections 607.050 and 607.051, 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 607.051, Florida Statutes.

SIGNATURE: *[Signature]*

DATE: **4-2-96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P CHAVEZ, CARMELINA
STREET ADDRESS	516 NW 57 AVE S207
CITY, ST, ZIP	MIAMI FL
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

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	MIAMI FL 33126
21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	VP JUAN C. CHAVEZ
23. STREET ADDRESS	516 NW 57 AVE #207
24. CITY, ST, ZIP	MIAMI FL 33126
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if organized or organized with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4-2-96**
FILE NO: **305-267-5455**

CR2E034 (12/95)