

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 # **P93000036618 (5)**

1. Corporation Name

BRASIL CELLULAR IMPORT & EXPORT, INC.



Principal Place of Business

**2530 S.W. 19TH AVE.
MIAMI FL 33133**

Mailing Address

**2530 S.W. 19TH AVE.
MIAMI FL 33133**

2. Principal Place of Business

21 []

Suite, Apt. #, etc.

22 []
City & State

23 [] Zip Country

24 [] 25 []

2a. Mailing Address

26 [] Suite, Apt. #, etc.

27 [] City & State

28 [] Zip Country

29 [] 30 []

9. Name and Address of Current Registered Agent

**SERRANO, JOSE D
2530 S.W. 19TH AVE.
MIAMI FL 33133**

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 Sections 607.02 and 607.1504, Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, except the appointment as a registered agent, I am familiar with, and accept, the obligations of Section 607.0235, Florida Statutes.

SIGNATURE

[Signature]

1/19/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SERRANO, JOSE D	
STREET ADDRESS	2530 S.W. 19TH AVE.	
CITY, ST, ZIP	MIAMI FL 33133	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the over-plate status in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the trustee 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 engaged, or on an attached form with an address.

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

1/19/96 (305) 856-4478

CR2E034 (12/95)