

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

FILED
Feb 06 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000062372 (4)
 1. Corporation Name
CELLULAR MOTION INC.



| | |
|--|--|
| Principal Place of Business 3002 NW 72ND AVENUE MIAMI FL 33122 | Mailing Address 3002 NW 72ND AVENUE MIAMI FL 33122 |
|--|--|

DO NOT WRITE IN THIS SPACE

| |
|--|
| 3. Date Incorporated or Qualified 08/10/1995 |
| 4. FEI Number 65-0613307 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

9. Name and Address of Current Registered Agent
**SALINAS, RONALD R
 3272 NW 72ND AVENUE
 MIAMI FL 33122**

10. Name and Address of New Registered Agent

| |
|---|
| 81. Name IVAN SANGUINO |
| 82. Street Address (P.O. Box Number is Not Acceptable) 3002 NW 72D AVENUE |
| 83. City MIAMI |
| 84. State FL |
| 85. Zip Code 33122 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, and having been 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 **IVAN SANGUINO**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Both the agent's signature and name are required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SANGUINO, IVAN | |
| STREET ADDRESS | 3002 NW 72 AVENUE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | SALINAS, RONALD R | |
| STREET ADDRESS | 3272 NW 72ND AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33122 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | RESTREPO, JUAN F | |
| STREET ADDRESS | 21 SE 1ST AVENUE STE 708 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| 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

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | STD |
| 4.3 STREET ADDRESS | SANGUINO YAMEL |
| 4.4 CITY-ST-ZIP | 3002 NW 72 AVENUE MIAMI, FLORIDA 33122 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 or have agreed 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 affidavit.

SIGNATURE: **IVAN SANGUINO** *[Signature]* **Jan 28/98, (307)629-2560**

CR2E034 (10/97)